

Fall 8-7-1964

# An Investigation of the Psychiatric Nurses' Attitude Toward Homosexual Patients

Mary Ann Daffron Lane  
*University of Colorado Boulder*

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AN INVESTIGATION OF THE PSYCHIATRIC NURSES'  
ATTITUDE TOWARD HOMOSEXUAL PATIENTS

by

This Thesis for the M.S. degree by

Mary Ann Daffron Lane

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B.S., Texas Christian University, 1960

has been approved for the

Department of

Nursing

by

Dorothy H. Blum

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Date Aug 7, 1964

A Thesis submitted to the Faculty of the Graduate  
School of the University of Colorado in partial  
fulfillment of the requirements for the Degree

Master of Science

Department of Nursing

1964



## ACKNOWLEDGMENTS

To my advisors, Mrs. Dorothy Bloch and Dr. Susanna Chase,  
appreciation is expressed for the many hours of their time given  
This Thesis for the M.S. degree by  
to assist the investigator throughout the writing of this thesis.

Mary Ann Daffron Lane  
Grateful recognition is also given to Miss Margaret Ann Berry.  
has been approved for the  
Through her invaluable assistance the investigator was able to  
Department of  
clarify and crystallize her understanding of methodology.

Nursing  
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by  
participated in the study; to their Directors of Nursing Service,  
without whose cooperation the data could not have been collected;  
to the panel members; and, to the many individuals, both in

Dorothy H. Bloch  
Colorado and Texas, who gave opinions, solicited and unsolicited,  
regarding the subject.  
Susanna L. Chase

To Miss Lucy Harris, Dean of Texas Christian University's  
College of Nursing, and to my husband, Lloyd, a special thank  
you.

Date Aug. 7, 1964

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To my advisors, Mrs. Dorothy Bloch and Dr. Susanna Chase, appreciation is expressed for the many hours of their time given to assist the investigator throughout the writing of this thesis. Grateful recognition is also given to Miss Margaret Ann Berry. Through her invaluable assistance the investigator was able to clarify and crystallize her understanding of methodology.

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To Miss Lucy Harris, Dean of Texas Christian University's College of Nursing, and to my husband, Lloyd, a special— thank you.

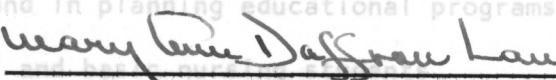
Lane, Mary Ann Daffron (M.S., Nursing)

An Investigation of the Psychiatric Nurses' Attitude  
Toward Homosexual Patients

Thesis directed by Assistant Professor Dorothy Bloch

The purpose of this investigation was to (1) determine what percentage of psychiatric nurses had an accepting attitude toward the homosexual patient; (2) to determine the percentage who had an unfavorable attitude; and (3) to develop a tool that might be of value in the assessment of attitudes, and in planning educational programs for psychiatric nursing personnel.

This is to certify that this thesis is the  
result of my own work, in substance, form,  
and expression

  
Mary Ann Daffron Lane

Data were collected by administering a two part attitude questionnaire to eighty nurses functioning in three psychiatric institutions in Colorado and Texas. Part I of the instrument was a thirty item Likert-type scale, and Part II was an open-ended statement.

Analysis of the data produced the following findings: Seventy-one nurses (88.75 per cent) indicated acceptance of the homosexual patient; conversely, nine nurses (11.25 per cent). However, of the eighty subjects studied only sixteen of the nurses (20.00 per cent) indicated an accepting attitude without reservations. It was also determined that for the purpose of this study the instrument was reliable.

Given the above findings, and their consideration in the light of the multi-faceted "attitude", the following conclusion was made. Generally speaking, conflict was evidenced by the majority of the nurses within this sample population. And, perhaps this conflict

Lane, Mary Ann Daffron (M.S., Nursing) Inconsistency between expect-

An Investigation of the Psychiatric Nurses' Attitude in a professional  
role Toward Homosexual Patients from whom they learned accepted

Thesis directed by Assistant Professor Dorothy Bloch

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nurses within this sample population. And, perhaps this conflict

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was engendered by the silent shout of inconsistency between expectations imposed upon them through identification with a professional role, and those of the society from whom they learned accepted patterns of behavior. . . . . 1

This abstract of about 250 words is approved as to form and content. I recommend its publication. . . . . 1

Purpose of the study . . . . . 1  
 Signed Dorothy H. Block  
 Justified Instructor in charge of thesis . . . . . 2

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## 1. Graphic Illustration Showing Distribution

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It may be stated that when approaching any major sexual problem, our society does so with violent emotional prejudice; and, certainly homosexuality is no exception. In fact, generally speaking, in our society the attitude toward sexual deviations is one of contempt and moral condemnation, ". . . strongly determined by unconscious fears."<sup>1</sup>

## 1. THE PROBLEM

Statement of the Problem

The problem of this thesis was to investigate and present the attitudes of a group of psychiatric nurses from three selected hospitals toward the homosexual patient.

Purpose of the study. The purpose of this research problem was (1) to determine what percentage of the group of psychiatric nurses studied had a favorable or accepting attitude toward the homosexual patient; (2) to determine what percentage of the group studied had an unfavorable or nonaccepting attitude toward the homosexual patient; and (3) to develop a tool which could be used in the assessment of attitudes, and for planning educational programs for

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<sup>1</sup> Paul Friedman, American Handbook of Psychiatry Silvano Arieti ed., Vol. 1 (New York: Basic Books, Inc., Publishers, 1959), p. 605.

THE PROBLEM AND DEFINITIONS OF TERMS USED Kinsey reports

on sexual behavior in the human male and female, published in 1948

It may be stated that when approaching any major sexual problem, and 1953 respectively, the incidence of homosexuality in the United States was thirty-seven per cent in the male population and twenty-eight per cent in the female population.<sup>2,3</sup> In fact, generally speaking, in our society the attitude toward sexual deviations is one of contempt and

In an appraisal of the first two Kinsey Reports, Jules Eisenbud of the University of Colorado Medical School said that in

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Statement of the Problem

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The problem of this thesis was to investigate and present the attitudes of a group of psychiatric nurses from three selected hospitals toward the homosexual patient. incidence figures even higher than those quoted by Kinsey.

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Alfred C. Kinsey and others, Sexual Behavior in the Human Male (Philadelphia: W. B. Saunders Company, 1953), p. 453.

<sup>1</sup> Jules Eisenbud, Sexual Behavior in American Society ed. Jerome Paul Friedman, American Handbook of Psychiatry Silvano Arieti ed., Vol. 1 (New York: Basic Books, Inc., Publishers, 1959), p. 605.

psychiatric nursing personnel and basic nursing students.

Justification for the study. According to the Kinsey reports on sexual behavior in the human male and female, published in 1948 and 1953 respectively, the incidence of homosexuality in the United States was thirty-seven per cent in the male population and twenty-eight per cent in the female population.<sup>2,3</sup>

In an appraisal of the first two Kinsey Reports, Jules Eisenbud<sup>4</sup> of the University of Colorado Medical School said that in consideration of the fact that Kinsey's data lie in the almost exclusive reliance on consciously remembered material, that is possible that the greatest inaccuracy would arise from unconscious falsification, distortion or complete blocking out and repression rather than from conscious falsification or cover up. Eisenbud believed this would tend to raise the incidence figures even higher than those quoted by Kinsey.

Incidence figures of homosexuality and the meaning to the psychiatric nurse. What do these high percentage figures of homosexuality mean to the psychiatric nurse? In a pamphlet published by

Eugen Bleuler, Dementia Praecox (New York: International Universities Press, 1950); Leopold Bellak, Schizophrenia (New York: Logos Press, 1958); Otto Fenichel, The Psychoanalytic Theory of Neurosis<sup>2</sup> (New York: W. W. Norton & Company, 1945); Silvano Arieti, ed. The Alfred C. Kinsey and others, Sexual Behavior in the Human Male (Philadelphia: W. B. Saunders Company, 1948), p. 650.

<sup>3</sup> Alfred C. Kinsey and others, Sexual Behavior in the Human Female (Philadelphia: W. B. Saunders Company, 1953), p. 453.

<sup>4</sup> Jules Eisenbud, Sexual Behavior in American Society ed. Jerome Himelhock and Sylvia Fleis Fava (New York: W. W. Norton & Company, Inc., 1955), p. 294.

An incident leading to the study. It was a learning experience of the investigator, which occurred during a one-to-one relationship with an admitted homosexual patient, that raised the question of the National Association For Mental Health in 1957, was the following statement:

More than 16,000,000 Americans, 1 in every 10, are suffering from a mental or emotional disorder. More than 250,000 people—one-quarter of a million—will be admitted to a mental hospital for the first time this year. In addition, about 1000,000 patients will return to mental hospitals as re-admissions. Thus a total of about 350,000 persons are admitted to our mental hospitals each year.<sup>5</sup>

Also, it may be stated that schizophrenia is the most common form of mental illness. The leading authorities<sup>6</sup> reviewed indicate, without exception, the relationship of latent homosexuality to schizophrenia. This is particularly true in schizophrenia, paranoid type.

Assuming that the above figures are correct, it may be stated that at one time or another, the psychiatric nurse will be placed in a nurse-patient relationship with a patient who will be labeled homosexual.

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<sup>5</sup> National Association for Mental Health, Facts About Mental Illness (Phamplet No. 435. Maryland: National Association For Mental Health, 1957), p. 2.

<sup>6</sup> Eugen Bleuler, Dementia Praecox (New York: International Universities Press, 1950); Leopold Bellak, Schizophrenia (New York: Logos Press, 1958); Otto Fenichel, The Psychoanalytic Theory of Neurosis (New York: W. W. Norton & Company, 1945); Silvano Arieti, ed. The American Handbook of Psychiatry (New York: Basic Books, Inc., 1959); Sidney Tarachow, An Introduction to Psychotherapy (New York: International Universities Press, Inc., 1963); Harry Stack Sullivan, The Interpersonal Theory of Psychiatry (New York: W. W. Norton & Company, Inc., 1952); Herman Nunberg, Principles of Psychoanalysis (New York: International Universities Press, Inc., 1955); Edward A. Strecker, Basic Psychiatry (New York: Randon Homse, 1952).

reviewed. Psychiatric textbooks and periodicals, journals of psychol-

An incident leading to the study. It was a learning experience of the investigator, which occurred during a one-to-one relationship which dealt with homosexuality were reviewed to gather information dealing with attitudes toward the homosexual or sexual deviant. There is 'what are the attitudes of the psychiatric nurses toward the homosexual patient?' The investigator felt she had "accepted" the patient, but

it was pointed out by her nurse-counselor and her psychiatrist-counselor by means of process recordings that actually the patient had not been fully accepted. Through their expert counselling and guidance the investigator was able to establish an effective, therapeutic relationship with the patient.

This case study was presented to the investigator's graduate psychiatric nursing seminar for discussion. It is the opinion of the investigator that varying degrees of attitude, ranging from negative to short of positive, were expressed by the investigator's classmates.

The subject of this thesis problem was presented to some of the professional nurses who were at the time engaged in graduate work in the areas of psychiatry, medicine and surgery, and public health, posed essentially in the questions "How would you feel toward the homosexual patient?" and "Do you think you could enter into a therapeutic relationship with the homosexual patient?" The responses were for the most part negative.

The investigation of nursing periodicals was extended back to 1930 in search of material dealing with attitudes or opinions of nurses regarding the homosexual patient admitted to her care. There were no research studies on this subject in the nursing literature

reviewed. Psychiatric textbooks and periodicals, journals of psychol-

ogy and sociology, a textbook of psychosexual disorders and other books which dealt with homosexuality were reviewed to gather information dealing with attitudes toward the homosexual or sexual deviant. There is a dearth of literature concerned with attitudes of nurses toward the homosexual patient.

#### Assumptions, Limitations, and Scope of the Study

In attempting to measure attitudes it is necessary to make some assumptions. These are: (1) An attitude is a complex affair which cannot truly be described by numerical index;<sup>7</sup> (2) the attitudes measured do not necessarily predict what would be done in a given situation;<sup>8</sup> (3) all that can be done with an attitude scale is to measure the attitude actually expressed, realizing fully that the subject may be consciously hiding his true attitude, or that the social pressure of the situation has made him really believe what he expresses is his real attitude;<sup>9</sup> and, (4) in addition, consideration of the respondents' own resolved latent homosexuality could, at least in some degree, be a limitation.

The data that were gathered in this study were limited by the reliability of the instrument. A complete description of the data gathering device is presented in Chapter IV.

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<sup>7</sup> L.L. Thurstone and E. J. Chave, The Measurement of Attitude (Chicago: The University of Chicago Press, 1929), p.6.

<sup>8</sup> Ibid., p. 9.

<sup>9</sup> Allen L Edwards, Technique of Attitude Scale Construction (New York: Appleton-Century-Crofts, Inc., 1957), p. 2.



The population encompassed within this study was all of the registered nurses working in psychiatric hospitals. "A population is the aggregate of all of the cases that conform to some designated set of specifications."<sup>10</sup> It was not within the scope of this study to study the total population, nor to take a random sample from all of the population. Therefore, the results of this study were limited to eighty psychiatric nurse respondents from three selected psychiatric hospitals in Colorado and Texas. There was no attempt made to generalize the results of this study to the total population of psychiatric nurses.

## II. DEFINITIONS OF TERMS USED

Attitude. For the purpose of this study the concept "attitude" shall mean the sum total of a man's inclinations and feelings, prejudice or bias, preconceived notions, ideas, fears, threats, and convictions about a person labeled "homosexual or sexual deviant."<sup>11</sup> Included in this definition, according to Allen L. Edwards's interpretation, is the degree of positive or negative affect associated with the psychological object.<sup>12</sup>

<sup>10</sup> Emory S. Bogardus, Sociology (New York: The MacMillan Company, 1941), p. 86.

<sup>11</sup> Claire Selltitz and others, Research Methods in Social Relations (New York: Holt, Rinehart and Winston, Inc., 1961), p. 509.

<sup>12</sup> Charles K. Hoelling and Madeline M. Leininger, Basic Psychiatric Concepts (Thurstone and Chave, op. cit., p. 7, p. 29).

<sup>12</sup> Allen L. Edwards, Technique of Attitude Scale Construction (New York: Appleton-Century-Crofts, Inc., 1957), p. 2.

Opinion. The concept "opinion" shall mean a verbal expression of attitude. "An opinion symbolizes an attitude."<sup>13</sup> "An opinion is what one thinks or says about something; attitude is what he does about it."<sup>14</sup>

Homosexual/Sexual Deviant. The two terms, homosexual and sexual deviant, are used interchangeably. For the purpose of this study no distinction is made and the terms shall mean any person whose major source of sexual gratification differs from the normal male-female relationship.<sup>15</sup>

Psychiatric Nurses. The term psychiatric nurses, refers to registered professional nurses who are employed by a psychiatric hospital to give nursing care to patients admitted for psychiatric reasons.

Therapeutic nurse-patient relationship. A therapeutic nurse-patient relationship is an interaction process between two persons, in which the nurse offers a series of purposeful activities and practices that are useful to a particular patient.<sup>16</sup>

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<sup>14</sup> Emory S. Bogardus, Sociology (New York: The MacMillan Company, 1941), p.86.

<sup>15</sup> Arieti, op. cit., p. 589.

<sup>16</sup> Charles K. Hofling and Madeline M. Leininger, Basic Psychiatric Concepts in Nursing (Philadelphia: J.B. Lippincott Company, 1960), p. 29.

Prejudice. Prejudice shall mean an emotionally toned attitude for or against a psychological object, in this study it is the homosexual patient. Typically it is a hostile attitude that places a person at a disadvantage.<sup>17</sup>

Belief. By a person's beliefs about a psychological object it is meant all of those statements relating to the homosexual patient that he/she agrees with, disagrees with, or rejects.

In Chapter IV a detailed explanation of methodology will be found, including a discussion of general techniques, the selection and design of a tool, and the proposed plans for analysis of data for both Part I and Part II of the attitude questionnaire, as well as for testing the relationship between the two parts. Chapter V contains a report of the findings and an interpretation thereof. Finally, in Chapter VI, a summary of the investigation, the conclusions and recommendations, based upon the results of this study are set forth.

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Clifford T. Morgan, Introduction to Psychology (New York: McGraw Hill Book Company, 1956), p.639.

### III. OVERVIEW OF THE REMAINDER OF THE THESIS

This thesis was concerned with the attitudes of psychiatric nurses toward the homosexual patient. Because the word "attitude" has many facets, and may need clarification as to its relationship primarily used in relation to how a person feels about something; to this study, Chapter II is devoted to attitude and its importance and, in particular whether the feeling is one of like or dislike, in the therapeutic role of the psychiatric nurse. Chapter III presents a summary of existing attitudes toward the homosexual, both inasmuch as attitudes are, through their very development and existence, an integral part of any person, a discussion of the kinds of past and present, from the following aspects: (1) Christian-moral, attitudes desirable for psychiatric nurses may be seen as germane. (2) legal, (3) cultural, and (4) medical.

In Chapter IV a detailed explanation of methodology will be found, including a discussion of general techniques, the selection and design of a tool, and the proposed plans for analysis of data of attitudes. Nursing care in any area of specialization involves the use of attitudes. An attitude, which is an acquired and established for both Part I and Part II of the attitude questionnaire, as well tendency to act with reference to some person or environmental object or matter, is accompanied by a value.<sup>1</sup> An attitude is subjective, and it is part of the mental equipment of a person. A value, contains a report of the findings and an interpretation thereof. Finally, in Chapter VI, a summary of the investigation, the conclusions and recommendations, based upon the results of this study are set forth. "An attitude that springs from a social situation where sentiment surges high is difficult to change."<sup>3</sup>

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<sup>1</sup> Madeline Olga Weiss, Attitudes In Psychiatric Nursing Care (New York: G. P. Putnam's Sons, 1954), p. 3.

<sup>2</sup> Emory S. Bogardus, Sociology (New York: The MacMillan Company, 1941), pp. 84-85.

<sup>3</sup> Ibid., p. 85.

## CHAPTER II

### ATTITUDES AND THE PSYCHIATRIC NURSE

In the following discussion the concept "attitude" will be primarily used in relation to how a person feels about something; and, in particular whether the feeling is one of like or dislike. Inasmuch as attitudes are, through their very development and existence, an integral part of any person, a discussion of the kinds of attitudes desirable for psychiatric nurses may be seen as germane.

#### I. ATTITUDES, OPINIONS, AND VALUES

Nursing care in any area of specialization involves the use of attitudes.<sup>1</sup> An attitude, which is an acquired and established tendency to act with reference to some person or environmental object or matter, is accompanied by a value.<sup>2</sup> An attitude is subjective, and it is part of the mental equipment of a person. A value, however, is part of a person's environment. "An attitude that springs from a social situation where sentiment surges high is difficult to change."<sup>3</sup>

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<sup>1</sup> Madeline Olga Weiss, Attitudes In Psychiatric Nursing Care (New York: G. P. Putnam's Sons, 1954), p. 3.

<sup>2</sup> Ernest R. Hilgard, Introduction to Psychology (New York: Harcourt, Brace and Co., 1957), p. 524.  
<sup>3</sup> Emory S. Bogardus, Sociology (New York: The MacMillan Company, 1941), pp. 84-85.

<sup>3</sup> Ibid., p. 85.

Attitudes may be either favorable or unfavorable. Values may be either positive or negative. One has a favorable attitude toward a positive value and an unfavorable attitude toward a negative value. One is drawn to that which has a positive value, and one is driven away from that which has a negative value.<sup>4</sup> And, "attitudes grade into opinion and there is no sharp difference between them."<sup>5</sup>

An opinion is what one thinks or says about something. Opinions may be shallow and fluctuating; however, attitudes are more stable. An opinion may simply indicate that one is not sure. We ordinarily reserve the right to change our opinions, but not our attitudes.<sup>6</sup>

According to Bogardus,<sup>7</sup> opinions are most ephemeral; some are just put forth "for effect". He said a person may denounce certain conduct, but when faced with a pertinent situation himself he will act differently from what he said that he would or would not. Opinions range up into the realm of idealism while attitudes are confined to potential behavior. One may camouflage a single act, but a series of connected ones over a considerable period of time indicates an attitude. It may be stated that nurses have greater skills in interpersonal

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 Schwartz and Emmy Lanning Shockley, The Nurse and the Mental Patient (New York: The Russell Sage Foundation, 1956), p. 268.

<sup>4</sup> Ibid.

<sup>5</sup> Ernest R. Hilgard, Introduction to Psychology (New York: Harcourt, Brace and Co., 1957), p. 524.

<sup>6</sup> Hildegard Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), p. 54.

<sup>7</sup> Bogardus, op. cit., p.86.

<sup>8</sup> Ibid.

relations. **III. ATTITUDES, EXPECTATIONS, AND THE NURSE** The obligation to guide the interpersonal relations in a nursing situation. It is not

There are certain attitudes and expectations that are common only the nurses' responsibility to help others to identify felt difficulties, and to apply principles of human relations to the problems nurse may find it difficult to recognize that these attitudes and expectations arise at all levels of experience; it is also the nurses' responsibility to be able to understand her own behavior.<sup>8</sup> "One conventional attitude that may be especially troublesome is the nurse's

tendency to evaluate patient behavior in accordance with moral standards of right and wrong and good and bad."<sup>9</sup>

A nurse has need to be aware of her attitudes and how they may affect her behavior. "To the degree that a nurse is aware of her behavior, how she operates in her relations with others, she may be said to be herself."<sup>10</sup>

In every contact with another human being there is the possibility for the nurse to work toward common understandings and goals; however, in every contact with another human being there is also the possibility for the clash of feelings, beliefs, and ways of acting. It may be stated that nurses have greater skills in interpersonal

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Morris S. Schwartz and Emmy Lanning Shockley, The Nurse and the Mental Patient (New York: The Russell Sage Foundation, 1956), p. 268. *Ibid.*, p. xiii (preface).

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*Ibid.* Hart Henderson Britt, Social Psychology of Modern Life (New York: Rinehart & Company, Inc., 1949), pp. 201-227.

Hildegard Peplau, Interpersonal Relations in Nursing (New York: G. P. Putnam's Sons, 1952), p. 54.

relations than patients, so accordingly, nurses have the obligation to guide the interpersonal relations in a nursing situation. It is not only the nurses' responsibility to help others to identify felt difficulties, and to apply principles of human relations to the problems that arise at all levels of experience; it is also the nurses' responsibility to be able to understand her own behavior.<sup>11</sup>

### III. SOCIAL FACTORS DETERMINING ATTITUDES

Britt states two principal inconsistencies in the stereotyping process. These are first, that stereotyping is based upon the false belief The nurse in a therapeutic environment does not have the privilege of placing a right or wrong value on the patient's behavior. Yet social psychologists are able to demonstrate that in the process of maturation in a given environment, social factors determine our attitudes toward other individuals. How does this come about? Britt<sup>12</sup> gives four answers. These are: (1) Prejudice. Prejudice is a premature or biased opinion. These biased opinions come into being without the knowledge of most individuals concerned. (2) Our judgments of feelings and emotions. Britt says, that because of the nature of learned cultural patterns, the problem of judging true internal feelings and attitudes from facial expressions and from language behavior the evidence you can think of which will support your belief. At this point, according to Britt, you will probably be amazed at your

<sup>11</sup>

Ibid., p. xiii (preface).

<sup>12</sup>

Steuart Henderson Britt, Social Psychology of Modern Life (New York: Rinehart & Company, Inc., 1949), pp. 201-227.

<sup>13</sup>

Ibid., p. 201.

<sup>14</sup>

Ibid., pp. 202-208.



is very difficult. We have learned to conceal those feelings and emotions which do not conform to the cultural patterns of our particular group. (3) Subliminal stimulation. This phrase refers to all those sensory stimuli which affect our behavior, but of which we may never become aware. Such stimuli are subliminal, that is, below the threshold of consciousness. And, (4) The stereotyping process. Britt states two principal inconsistencies in the stereotyping process. These are first, that stereotyping is based upon the false belief that every person can be classified and pigeonholed into a particular category. The second false assumption is that people remain consistently within their "type".

You probably feel that since you are an intelligent person and have been exposed to education, you are free of prejudices. After all, don't 'they' say that education and intelligence are guarantees of correct thinking?<sup>13</sup>

Britt<sup>14</sup> goes on to say that if you feel you have no prejudices try the very simple experiment of selecting some belief of situations it becomes a matter of their own survival with a feeling yours which you know can be either proved or disproved through a careful study of published scientific facts. Then immediately write down your opinion. Without looking up any references put down all the evidence you can think of which will support your belief. At this point, according to Britt, you will probably be amazed at your

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<sup>13</sup> Hiram S. Hall, "Communicating With Others," The American Journal of Nursing, 53:63, January, 1953.

<sup>14</sup> Ibid., p. 201.

<sup>15</sup> Edward E. Peplau, "The Nursing Team in Psychiatric Facilities," Nursing Outlook, 1:92, February, 1953.

lack of factual information on something you believe to be true. He goes on to point out that a mere examination or understanding of one's prejudice does not mean that it will be eradicated.

It is therefore reasonable to make the assumption that nurses react to persons stigmatized by the label homosexual or sexual deviant in a manner similar to that of the environment from which they come. Furthermore, it is possible and more than likely probable that she may communicate this attitude to the patient who has been assigned to her care. Communication is not confined to the spoken word.

We communicate in many ways—by our silence, by our actions, by our behavior, by our inaction when action is indicated. We communicate through personality—our warmth of manner, the twinkle in our eyes, the smile on our face, the firmness of our handshake, the enthusiasm in our voice or the converse.<sup>15</sup>

Peplau,<sup>16</sup> describing situations nurses encounter, said that it is not infrequent that nurses are confronted with shocking problems for which their education has not prepared them. And, in these situations it becomes a matter of their own survival with a feeling of dignity that becomes more important than the establishment or maintenance of a therapeutic relationship. If a nurse is not aware of

Theresa M. Fernandez, "Identification of the Components in a Therapeutic Nurse-Patient Relationship," Psychiatric Nursing Concepts and Basic Nursing Education (New York: The National League for Nursing, Inc., 1960), p.107.

Morris S. Schwartz and Emmy Lanning Shockley, The Nurse and the Mental Patient (New York: The Russell Sage Foundation, 1956), p.10. (Preface—Esther Lucille Brown).

<sup>15</sup> Hiram S. Hall, "Communicating With Others," The American Journal of Nursing, 53:63, January, 1953.

<sup>16</sup> Hildegard E. Peplau, "The Nursing Team in Psychiatric Facilities," Nursing Outlook, 1:92, February, 1953.

herself, she may view patients as illusory of individuals that she has met in the past, and outside of awareness, relate to them on that basis.

An Attitude is a subjective, integral part of the mental equipment of a person, and it is accompanied by a value, which is a part of personal relations, but this nurse gradually develops her skill in a person's environment.

recognizing and doing something to clarify her understanding of them.<sup>17</sup>

Education, intelligence, plus recognition and examination of a When a nurse is relating to patients, camouflaged attitudes are generally communicated and, despite accepting words, do not promote useful learning. The ability to accept an individual consistently as one who has inherent worth is communicated when conviction of his worth exists in all prevailing attitudes. The nurse must examine her concepts of acceptance, limit-setting, authority, and support as she establishes her method of relating to the patient.<sup>18</sup>

Esther Lucille Brown, in the preface of Schwartz and Shockley's book, The Nurse and the Mental Patient said ". . . nursing education is only at the beginning of helping nurses in any systematic way to handle their feelings and behavior constructively for the benefit of the patients and themselves."<sup>19</sup>

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Ibid., p.55.

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Theresa M. Fernandez, "Identification of the Components in a Therapeutic Nurse-Patient Relationship," Psychiatric Nursing Concepts and Basic Nursing Education (New York: The National League for Nursing, Inc., 1960), p.107.

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Morris S. Schwartz and Emmy Lanning Shockley, The Nurse and the Mental Patient (New York: The Russell Sage Foundation, 1956), p.10 (preface—Esther Lucille Brown).

#### IV. SUMMARY OF CHAPTER

An Attitude is a subjective, integral part of the mental equipment of a person, and it is accompanied by a value, which is a part of a person's environment.

Before one becomes a psychiatric nurse, one has long been a member of society. And, as a member of society the person has been influenced by the environment. The following discussion of the attitude of prejudice, does not necessarily mean eradication of the prejudice.

Education, intelligence, plus recognition and examination of attitudes of society, both past and present, toward the homosexual, indicate that the possibility exists for the psychiatric nurse to escape from prejudice, remain neutral, nonjudgmental, and refrain from making value judgments about patients' behavior. The more the nurse has been pointed out that attitudes learned in situations where sentiment is aware of her attitudes and how they may affect her behavior the runs high are very difficult to change. And, perhaps this is the case more effective her relationships will be. Knowledge of self and of in dealing with attitudes toward homosexuality. the way she feels is the nurse's responsibility. In relating to

patients, camouflaged attitudes are generally communicated and, even though accepting words are spoken, learning experiences that are useful to the patient or to the nurse do not occur.

In our society there is a strong human tendency to approach major sexual problems with violent emotional prejudice. Homosexuality is no exception. The pastor and the theologian are confronted with many personal, moral, and social problems, but few are more complex and delicate than those connected with homosexuality.

Among ordinary men, to be branded as a homosexual is probably the worst stigma that can affect anyone, and some homosexuals are said to have committed suicide because of society's attitude toward

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J. Tudor Rees and Harley V. Usill (eds.) They Stand Apart (New York: The MacMillan Company, 1955), p.36.

## CHAPTER III

## REVIEW OF THE LITERATURE

Before one becomes a psychiatric nurse, one has long been a member of society. And, as a member of society the person has been influenced by the environment. The following discussion of the attitudes of society, both past and present, toward the homosexual, indicate that the possibility exists for the psychiatric nurse to experience difficulty in accepting the homosexual patient. It has already been pointed out that attitudes learned in situations where sentiment runs high are very difficult to change. And, perhaps this is the case in dealing with attitudes toward homosexuality.

## I. LITERATURE FROM THE CHRISTIAN-MORAL VIEWPOINT

In our society there is a strong human tendency to approach major sexual problems with violent emotional prejudice. Homosexuality is no exception. The pastor and the theologian are confronted with many personal, moral, and social problems, but few are more complex and delicate than those connected with homosexuality.<sup>1</sup>

Among ordinary men, to be branded as a homosexual is probably the worst stigma that can affect anyone, and some homosexuals are said to have committed suicide because of society's attitude toward

(The Newman Press, 1959), p. 2.

<sup>3</sup> Ibid., p. 10.

<sup>1</sup> J. Tudor Rees and Harley V. Usill (eds.) They Stand Apart (New York: The MacMillan Company, 1955), p.36.

them. It is the duty of the moralist to safeguard any redress which society may deem fit to take at the expense of the moral law even though the homosexual may be innocent or guilty of his condition.<sup>2</sup>

The priest, the supernatural therapist, must guide the whole emotional structure of the confessed homosexual into selfless and positively constructive channels so that he may achieve eternal salvation. Moral judgment must be passed not only on the homosexual, but also on the morality of any prescribed medical treatment. Indeed there are many doctors today who hold that the problem of homosexuality is essentially and predominately of a moral nature.<sup>3</sup>

Derrick Sherwin Bailey, in discussing Christian morals and the homosexual, points out that the story of the destruction of Sodom and Gomorrah has probably made the most impressive contribution to the development of the tradition. This story, he says, has exercised a powerful influence directly or indirectly, upon the civil and ecclesiastical attitudes toward the sexual deviant, since it has been traditionally taken for granted that this is the sin for which the cities were destroyed.<sup>4</sup>

In any society the prevalence of homosexual practices is always one of the more striking indications of corruption in its sexual life as a whole.

is responsible for the origin of his sexual deviation does not alter

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Michael J. Buckley, Morality and the Homosexual (Maryland: The Newman Press, 1959), p. 2.

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Rees and Usill, op. cit., p. 60.

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Ibid., p. 10.

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Robert W. Wood, Christ and the Homosexual (New York: Vantage Press, 1955).  
Derrick Sherwin Bailey, Homosexuality and the Western Christian Tradition (London: Longmans, Green and Co., 1955), p. 1.

Ibid., p. 163.



... the 'problem of homosexuality' which now confronts us arises from a decay of moral standards and an abandonment of moral responsibility in the field of sexual relations generally—and these, in their turn, are due to false or imperfect conceptions of sex and to ignorance or rejection of God's will for man and woman.<sup>5</sup>

Quite another view is taken by Robert W. Wood in his book, Christ and the Homosexual. Wood says that society is ignorant and unwilling to let the homosexual "unmask", and that the church is blind to homosexual practices. Even though many present-day writers attack her and unsympathetic.<sup>6</sup>

Contrary to the thoughts expressed by Buckley, Wood feels that there are three conditions which make homosexual expression moral, and which demand that society, the courts, and the church cease blindly labeling homosexuality always and in all cases "immoral". These conditions are: (1) homosexuality has a moral basis in that it is a God-created way of protecting the human race on this planet from the suicide of overpopulation; (2) as another avenue for sacramental love; and (3) as a vehicle for self-expression.<sup>7</sup>

Concerning moral responsibility, Buckley states that the homosexual may not will to remain in the homosexual condition. Homosexuality, as a state or condition, is contrarily opposed to the natural and divinely ordained heterosexual state. Whether or not the homosexual is responsible for the origin of his sexual deviation does not alter

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<sup>5</sup> Rees and Usill, op. cit., p.60.

<sup>6</sup> Buckley, op. cit., p.163.

<sup>7</sup> Robert W. Wood, Christ and the Homosexual (New York: Vantage Press, 1960), p.78.

<sup>8</sup> Ibid., p.163.

<sup>9</sup> Ibid.

the church's stand.<sup>8</sup>

The homosexual is as capable of controlling the expression of his sexual drive as the heterosexual. His moral responsibility must not be considered as essentially different from that of victims of other sexual bad habits. He is generally aware of what he does, and is generally cognizant of the fact that homosexual acts are sinful.<sup>9</sup>

Homosexuality is not a disease. The homosexual can become normal. Throughout the ages, Buckley goes on, the church has condemned homosexual practices. Even though many present-day writers attack her abstract morality and accuse her of being unrealistic insofar as she ignores modern scientific progress in diagnosing homosexuality, the church is still performing today, as she did through the centuries, her mission of leading men to God. One of the most effective factors in the homosexual's rehabilitation is religion and all it has to offer. The priest, realizing that homosexuality is not just a medical or psychiatric problem, must assist the homosexual to beg God's healing and elevating grace so that he may take his rightful place in Christian society.<sup>10</sup>

Modern scientific theories are but mists which some moralists use in their attempts to obscure the teaching of the True Church. But we find that on closer examination these mists disappear leaving the old alters standing.<sup>11</sup>

## II. LITERATURE FROM THE LEGAL VIEWPOINT

"Sympathy with the personal problem of the individual homosexual must never blind a true Christian to the fact that homosexuality, but as mentioned above, deviant sexual behavior is held in contempt and moral

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Buckley, op. cit., p.163.

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Ibid., p.164.

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Ibid., p.196.

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Ibid.



whether of condition or activity is unnatural."<sup>12</sup>

Summary. The church has condemned homosexual practices through-  
public and of the law is harsh, even cruel, and worse, in some respects,  
out the ages. The story of the destruction of Sodom and Gomorrah has  
stupid."<sup>13</sup>

probably made the most impressive contribution to the development of  
It was with the appearance of the Napoleonic Code and the omis-  
both civil and ecclesiastical attitudes toward the sexual deviant. At  
sion of homosexuality from its list of crimes that the first expression  
the present time recognition and consideration is given to the personal  
of a changed attitude came since the ascendancy of the Judeo-Christian  
problem of the homosexual individual; however, this does not alter the  
concept of morality.<sup>14</sup>

church's stand concerning moral responsibility. Both Catholic and

One of the earliest accounts of the English law dealing with  
Protestant Churches say that homosexuality is not a disease but an  
homosexuality is found in the treatise entitled *Fleta*, which was com-  
unnatural state, and the person can become normal.

posed about the year 1290 by a jurist at the court of Edward I. In  
Another viewpoint expressed is that homosexual expression is not  
the annals of jurisprudence, the penalty prescribed therein is unique.  
immoral, and that society, the courts, and the church should quit label-  
After legal proof that the homosexual offenders were taken in the act,  
ing all cases as such.

and public conviction, they were buried alive.<sup>15</sup>

Although there is not complete agreement in the literature re-

The removal of the death penalty came some four hundred years  
viewed regarding the morality or immorality of homosexuality, it did  
later in 1861, with the passing of the Offenses against the Person  
appear that there was agreement that few of the personal, moral, and  
Act. Twenty-five years later the last major piece of legislation  
social problems which confront the pastor and the theologian are more  
against homosexual offenses was passed. This was the Criminal Law  
complex and delicate.

Amendment Act of 1885 which brought enactment of male homosexual acts

committed in private.<sup>16</sup> **II. LITERATURE FROM THE LEGAL VIEWPOINT** <sup>6</sup> Bailey goes

<sup>13</sup> In our society, sexual behavior is not openly discussed, but as  
Karl Menninger, *The Vital Balance* (New York: The Viking  
mentioned above, deviant sexual behavior is held in contempt and moral

<sup>14</sup> condemnation. Also, it is a matter which most countries of the Western  
Greenberg: Publisher, 1951), p. 18.

<sup>15</sup> <sup>12</sup> Harrick Sherman Bailey, *Homosexuality and the Western*  
*Christian Civilization* (London, New York: Longmans, Green and Company,  
1955), p. 199.

world have placed under the jurisdiction of the criminal courts of the land. It is the opinion of Karl Menninger that "the attitude of the public and of the law is harsh, even cruel, and worse, in some respects, stupid."<sup>13</sup> It was with the appearance of the Napoleonic Code and the omission of homosexuality from its list of crimes that the first expression of a changed attitude came since the ascendancy of the Judeo-Christian concept of morality.<sup>14</sup>

One of the earliest accounts of the English law dealing with homosexuality is found in the treatise entitled *Fleta*, which was composed about the year 1290 by a jurist at the court of Edward I. In the annals of jurisprudence, the penalty prescribed therein is unique. After legal proof that the homosexual offenders were taken in the act, and public conviction, they were buried alive.<sup>15</sup>

The removal of the death penalty came some four hundred years later in 1861, with the passing of the Offenses against the Person Act. Twenty-five years later the last major piece of legislation against homosexual offenses was passed. This was the Criminal Law Amendment Act of 1885 which brought enactment of male homosexual acts committed in private within the scope of criminal law.<sup>16</sup> Bailey goes

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<sup>13</sup>

Karl Menninger, The Vital Balance (New York: The Viking Press, 1963), p. 197.

<sup>14</sup>

Donald Webster Cory, The Homosexual in America (New York: Greenberg: Publisher, 1951), p. 18.

<sup>15</sup> Rees and Usill, *op. cit.*, p. 6.

<sup>16</sup> Derrick Sherman Bailey, Homosexuality and the Western Christian Tradition (London, New York: Longmans, Green and Company, 1955), p. 151.

on to say that the legislation has proved lucrative for the blackmailers, and that it has often presented the courts with matters which more properly belong to the moralist, the pastor, and the psychiatrist than to the criminal lawyer. Nor, he says, is there any proof that it has had any marked deterrent or ameliorative effect.<sup>17</sup>

According to J. Tudor Rees, on April 28, 1954, an interesting and instructive debate on homosexuality took place in the House of Commons. In the course of the debate Sir Robert Boothby was reported as saying:

. . . but to send confirmed adult homosexuals to prison for long sentences is, in my opinion, not only dangerous, but madness. As Dr. Stanley Jones wrote, three or four years ago in the British Medical Journal: 'It is as futile from the point of view of treatment as to rehabilitate a chronic alcoholic by giving him occupational therapy in a brewery.'<sup>18</sup>

The next debate took place in a House of Lords' debate on May 19, 1954, and here Earl Jowitt is quoted as saying:

I do not accept for one moment the doctrine of the irresistible impulse. The psychologists have told me that they are quite unable at the present time to distinguish between an impulse which is irresistible and an impulse which has not been resisted. I hope we shall hear nothing more about this. I suppose it is a fact that these unhappy people have temptations of a nature or kind which do not attack the ordinary man. But the ordinary man has his temptations too, and he has to learn to resist his temptations. So, it seems to me, that the people who are cursed in this way must also resist their temptations. That is the least we can expect of them.<sup>19</sup>

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<sup>17</sup> Ibid., p. 23.

<sup>18</sup> Ibid.

<sup>18</sup> Gordon Westwood (pseudo. Schofield, Michael George), Society and the Homosexual (New York: E. P. Dutton & Co., Inc., 1953), p. 91.

<sup>19</sup> Ibid., pp. 18-19.

This group of persons is in some ways to be pitied, for in many other respects they are not always less sensitive or honorable than many of those who are loudspoken in their condemnation, and because of the nature of the subject these people are often the victims of blackmailers.<sup>20</sup>

In the United States the laws covering homosexual offenses vary from state to state. The severity of the penalties appear to have little effect upon the incidence.<sup>21</sup>

The above is true regarding other laws relating to marriage, the relation between the sexes, and sexual attitudes within the sexes.

Forty-four states have laws against adultery, yet there have been only a handful of prosecutions. Death is a permissible penalty for rape in eighteen states and the District of Columbia. In Arkansas, Louisiana, and North Carolina, death is the mandatory penalty for a defendant convicted of rape. In the remaining states the lowest maximum is twenty years and the highest penalty of ninety-nine years is found in Montana.

Sodomy, which is one of the most severely punished felonies on the statute books, shows a great diversity of penalties from state to state. For example, in Delaware and Virginia there is a three-year maximum and in North Carolina there is a sixty-year maximum. In Georgia the punishment is life, but in New Hampshire it is not covered by a

<sup>20</sup> Ernest W. Burgess, *Sexual Behavior in American Society*, eds. John Himmelfoch and Sylvia Fleis Fava (New York: W. W. Norton & Co., Inc., 1955), p. 247-268.

<sup>21</sup> Ibid., p. 23.  
Gordon Westwood (pseudo. Schofield, Michael George), Society and the Homosexual (New York: E. P. Dutton & Co., Inc., 1953), p. 91.

special statute.<sup>22</sup>

It is the opinion of Morris Ploscowe,<sup>23</sup> a New York attorney, that the question is posed by English and Pearson<sup>25</sup> of why society basic revisions are necessary in sex crime legislation.

For too long a period sin and crime have been correlative terms in the sexual field. But the heavy handed techniques of the criminal law are no substitute for conscience or the sanction of religion and ethics. The prevention of forcible sexual assaults and of violent infringements of personality in the sexual sphere, the protection of children, the preservation of the integrity of the family, the repression of commercialized vice, the preservation of outward decencies: these are proper goals for the law. To take on more is to overload the statute books with laws that are not enforced at all, or only so sporadically enforced, that they have no effect in influencing human behavior.<sup>24</sup>

Summary. Most countries of the Western world have placed deviant sexual behavior under the jurisdiction of the criminal courts. In both the United States and England there is inconsistency in dealing with the particular expression of sex as normal or abnormal, good or bad, offenses. Although there seems to be concern about the severity and correctness of the law regarding all sexual offenses, and suggestions that basic revisions are necessary in sex crime legislation, there are no concrete answers. In the literature reviewed the need for legal changes seemed to be qualified by the necessity to maintain morals and ethics.

Accurately speaking, the various forms of sexual outlet for changes seemed to be qualified by the necessity to maintain morals and ethics. It is not simply a norm or evaluation. The biologic aspect of sex is defined

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<sup>22</sup> J. Spurgeon English and Gerald H. J. Pearson, *Emotional Problems of Adolescents* (New York: W. W. Norton & Co., Inc., 1955), p. 515. eds. Jerome Himmelfarb and Sylvia Fleis Fava (New York: W. W. Norton & Co., Inc., 1955), pp. 247-268.

<sup>23</sup> Ernest W. Burgess, *Sexual Behavior in American Society*, eds. Jerome Himmelfarb and Sylvia Fleis Fava (New York: W. W. Norton & Co., 1955), p. 262.

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*Ibid.*

### III. LITERATURE FROM THE CULTURAL VIEWPOINT

The question is posed by English and Pearson<sup>25</sup> of why society becomes so upset about any type of sexual perverted behavior. They then proceed to answer that actually society condemns sexually perverse behavior without knowing exactly why. One important reason is that people feel it is unesthetic and is in conflict with our culture's idealistic values. Another important reason is that if all sexuality were carried out in perverse behavior the aims of procreation would be defeated. This would, of course, mean we would soon die off as a race. Even though the latter is only a theoretical possibility it still alarms people.

To the sociologist, the focus of interest in sexual behavior exists not in the biologic phenomena, but in the attitudes that define the particular expression of sex as normal or abnormal, good or bad, correct or incorrect. Society prescribes to the group the nature of and the extent to which their members will be preoccupied by sexual activities and interests.<sup>26</sup>

Accurately speaking, the various forms of sexual outlet for man are not behavior, they are conduct. Conduct is behavior as prescribed or evaluated by the group. It is not simply external observable behavior, but behavior which expresses a norm or evaluation. The biologic aspect of sex is defined

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O. Spurgeon English and Gerald H. J. Pearson, Emotional Problems of Living (New York: W. W. Norton & Company, Inc., 1955), p. 515.

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Lawrence C. Frank, Sexual Behavior In American Society, eds. Jerome Himelhoch and Sylvia Fleis Fava (New York: W. W. Norton & Co., 1955), p. 14.

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Ibid.



in physical terms of sexual outlets is, therefore, an abstraction from the totality of concrete experience.<sup>27</sup>

As with any other human behavior, the attitudes that govern sex have always varied widely from culture. 'No culture had been more severe in its condemnation than that of the Hebrews--despite their earlier approval of homosexuality.'<sup>30</sup> The ancient Greeks tended to look upon women as inferior beings without souls. Erotic relationships between adult man and young boys were culturally sanctioned and were praised in poetry of behavior for their members through customs.

According to Ernest W. Burgess,<sup>28</sup> biologists consider homosexual behavior as something objective and uniform. The sociologist, he says, stresses differences in homosexual behavior by the attitude and role of

In the pre-Christian era homosexuality was rather widespread among the participants. To the sociologist, the great majority of persons engaging in homosexual activities are heterosexual and not homosexual.

To the human being sex is in reality social, and with people, the frequent in the religious-military Order of the Knights Templars.<sup>32</sup> sex role is not exclusively determined by primary and secondary sexual

Ruth Benedict, in discussing approaches to the problems of social characteristics. People see themselves as playing a masculine or feminine role, and in the vast majority of cases the social sex-roles correspond with the sex differences in anatomy and physiology. Social roles abnormal in a society. When the homosexual response is regarded as a perversion, the invert is immediately exposed to all the conflicts to sociologic theory of the sociopsychic development of the homosexual is which aberrants are always exposed. The adjustments that society demands substantiated by data from case histories of true homosexuals.<sup>29</sup>

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Donald Webster Cory, The Homosexual in America (New York: Greenberg: Publisher, 1951), p. 17.

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Ibid.

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Friedman, American Handbook of Psychiatry, ed. Silvano Arieti, Vol. 1 (New York: Basic Books, Inc. Publishers, 1959), p. 589.

Himelhoch and Fava, op. cit., p. 18.

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Ibid.

Ibid., p. 590.

Attitudes in other cultures. Attitudes toward sexual deviation have always varied widely from culture to culture. "No culture had been more severe in its condemnation than that of the Hebrews--despite their earlier approval of homosexuality."<sup>30</sup> The ancient Greeks tended to look upon women as inferior beings without souls. Erotic relationships between adult men and young boys were culturally sanctioned and were praised in poetry and philosophical writings. Such relationships were regarded as aesthetically superior to the relationships between men and women. Women were seen merely as serving the reproductive function.<sup>31</sup>

In the pre-Christian era homosexuality was rather widespread among the Teutonic tribes, and continued to be practiced extensively in Germany during the period of church domination.<sup>32</sup> It was said to have been quite frequent in the religious-military Order of the Knights Templars.<sup>32</sup>

Ruth Benedict, in discussing approaches to the problems of social anthropology, states that the dilemma of traits becomes of psychiatric importance when the behavior in question is regarded as categorically abnormal in a society. When the homosexual response is regarded as a perversion, the invert is immediately exposed to all the conflicts to which aberrants are always exposed. The adjustments that society demands

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Donald Webster Cory, The Homosexual in America (New York: Greenberg: Publisher, 1951), p. 17.

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Paul Friedman, American Handbook of Psychiatry, ed. Silvano Arieti, Vol. I (New York: Basic Books, Inc., Publishers, 1959), p. 589.

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Ibid., p. 590.

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Cory, op. cit., p. 23.



of them would strain any man's vitality, and the consequences of this conflict are identified with their homosexuality. Western civilization tends to regard even a mild homosexual as abnormal. We need only turn to other cultures, however, to realize that homosexuals have by no means been uniformly inadequate to the social situation. They have not always failed to function, and in some societies they have been especially acclaimed.<sup>33</sup>

Summary. It is the opinion of the authorities herein reviewed that attitudes which govern sex are social and personal, and that all societies regulate the sexual behavior of its members. Conformity has special reference to the culture. In the submission and conformity an individual is required to modify his appetites to a certain degree and to tolerate some frustrations. Culture is a man-made product evolved to enable men to live together and attain the satisfaction of wants on a group basis.<sup>34</sup> The individual who does not conform does not do his part in the group enterprise, and should therefore be deprived of group benefit. In order to survive socially the individual must conform, and accordingly, the pressure for culture conformity is great. "Because society condemns with such unassuaged cruelty

and unswerving perseverance, it becomes intellectually and socially disreputable not to join in the universal judgment."<sup>35</sup> When an individual conforms and does what is expected of him, he is accepted and made to feel secure. Contrarily, the deviant becomes an object of curiosity and society toward homosexuality as reflected in the literature reviewed and

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<sup>33</sup> present above. Homosexuality Menninger says, " . . . is treated by the Ruth Benedict, Patterns of Culture (New York: Houghton Mifflin Company, 1934), pp. 227-229.

<sup>34</sup> Percival M. Symonds, The Dynamics of Human Adjustment (New York: D. Appleton-Century Company, 1946), p. 7.

<sup>35</sup> Cory, op. cit., p. 23. cit., p. 20.

perhaps fear. He tends to be an outcast from his group.<sup>36</sup>

It is the opinion of Burgess<sup>37</sup> that homosexual behavior should be studied intensively from the standpoint of concepts of attitudes, roles, and social world. This research, he believes, should be done by a team representing the fields of anthropology, biology, psychology, psychiatry, and sociology.

Summary. It is the opinion of the authorities herein reviewed quotes George W. Henry as saying that the general public inevitably looks to the medical profession for enlightenment and help. societies regulate the sexual behavior of its members.

The acceptance of homosexual behavior, both in the past and present, varies from culture to culture. Sociologists believe that with the human being sex is in reality social, and that the social sex-role is not determined exclusively by primary and secondary characteristics, but also by identification with a social role.

#### IV. LITERATURE FROM THE MEDICAL VIEWPOINT

The Wolfenden Report is the report of a recent study completed by a committee headed by Sir John Wolfenden on homosexual offenses and prostitution in England. The Authorized American Edition has an introduction by Dr. Karl Menninger in which he reaffirms the existing attitude of society toward homosexuality as reflected in the literature reviewed and presented above. Homosexuality Menninger says, " . . . is treated by the

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<sup>36</sup> Clifford Allen, A Textbook of Psychosexual Disorders, (London: Oxford University Press, 1962), p. ix (Preface).

<sup>36</sup> Symonds, op. cit., p. 7.

<sup>37</sup> Himelhoch and Fava, op. cit., p. 20.

public with a mixture of jest, supercilious denial, and horrified condemnation."<sup>38</sup> Another interesting statement Menninger makes is the following: "Many people assume that what the law calls a crime, the church calls sin, and psychiatry calls sickness."<sup>39</sup> He goes on to say that at this point in time there are efforts being made to correct this equation.<sup>40</sup>

Clifford Allen,<sup>41</sup> author of A Textbook of Psychosexual Disorders, quotes George W. Henry as saying that the general public inevitably looks to the medical profession for enlightenment and help.

... until recent years the physician has had little to offer. He too, was reared in the same social atmosphere as were his patients, and his medical education gave him only a slight advantage in dealing with sexual problems.<sup>42</sup>

Allen also quotes from They Stand Apart herein mentioned. It is with the statement of Lord Hailsham, an eminent barrister, with whom Allen disagrees. 'Homosexual practices are both contagious, incurable and self-perpetuating.' Allen says that all of these propositions are wrong. 'However, the medical profession needs no self-congratulation, since conversation with medical men often show a similarly abysmal

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<sup>38</sup> The Wolfenden Report (New York: Stein and Day, Publishers, 1963), p. 5.

<sup>39</sup> Ibid., p. 6.

<sup>40</sup> Ibid.

<sup>41</sup> Clifford Allen, A Textbook of Psychosexual Disorders, (London: Oxford University Press, 1962), p. ix (Preface).

<sup>42</sup> Ibid., p. xi (Preface).

misconception."<sup>43</sup>

Many theories have been propounded as to the etiology of homosexuality. Freud regarded the vast majority of cases as products of the interaction of both inherent and extrinsic factors. The manner in which the sexual instinct and the mental apparatus evolve and effect personality structure was considered by Freud as being the most explanatory of the homosexual adaptation. Freud also believed that the sexual practices in the homosexual relationship symbolize regressions to developmental fixation points. It was not assumed by Freud or his followers that only one mechanism underlies homosexuality in any given case.<sup>44</sup>

Harry Stack Sullivan regarded homosexuality as resulting from experiences which have "Erected a barrier to integration with persons of the other sex."<sup>45</sup>

Karen Horney's attention was focused on the importance of non-sexual needs in sexual activity.<sup>46</sup>

Clara Thompson, who shared Sullivan's views, considered homosexuality as a symptom of a character problem and not as a specific entity having characteristic determinants. Her conclusion was that homosexuality is the effect of dependency, hostility, attitudes toward familial or other figures, security operations, and so on, all covertly expressed in

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<sup>43</sup> Ibid.

<sup>44</sup> Ibid.

<sup>45</sup> Irving Bieber and others, Homosexuality (New York: Basic Books, Inc., Publishers, 1962), pp. 3-6.

<sup>46</sup> Ibid., p. 8.

<sup>46</sup> Ibid.

the homosexual relationship. When general character problems are solved, she found that homosexuality disappears.<sup>47</sup>

Adler has said that homosexuality is a result of feelings of inferiority at being feminine by identifying themselves with men, i.e., by the masculine protest.<sup>48</sup>

The following summary is quoted from a review of the endocrinological aspects of homosexuality which was made by Sawyer: "The development of sexual responsiveness in the two sexes is dependent more upon psychological conditions and availability of sexual outlets than upon levels of circulating sex hormones . . ." In reviewing the sex hormone treatment of homosexuality, Sawyer stated that failure "is indeed now the generally accepted conclusion."<sup>49</sup> And from Sand and Okkels who had treated 100 cases of perversion and homosexuality by castration, which merely reduced the libido without in any way altering its direction, comes this statement, "The use of sex hormones in the treatment of homosexuality is mainly disappointing."<sup>50</sup>

The above opinion is essentially that of English and Pearson. These two psychiatrists feel that it is difficult to treat homosexuals and extremely difficult to change them. "The reader may be surprised that we discuss the case of homosexuality in terms of adjustment instead

<sup>47</sup>

<sup>51</sup> Ibid.

<sup>48</sup> Paul Friedman, American Handbook of Psychiatry, ed. Silvano Arieti, J. Tudor Rees and Harley V. Usill (eds.), They Stand Apart 606. (New York: The MacMillan Company, 1955), p. 74.

<sup>49</sup> Ibid.

<sup>5</sup> Bieber and others, op. cit., p. 14.

<sup>50</sup> Ibid.

Ibid.

In discussing methods used in the treatment Friedman<sup>51</sup> mentions the ineffectiveness of castration and vasectomy; hypnosis achieved only very limited and short-lived success; and success of the association technique, using an attraction to boyish-looking girls appears questionable. He also states that Hirschfeld's "adaptation therapy" that sought primarily to adjust the patient to his inversion was advocated and employed by those who stressed the congenital character of inversion. Some authors, he goes on to say, expressed the view that treatment of the congenital invert should aim at what today would be called sublimation of the inverted impulse. In a large number of cases, adaptation conducted at Western State Hospital, Ft. Steilacoom, Washington, was in this sense would no doubt represent a legitimate therapeutic objective.<sup>52</sup>

There is no doubt that, in those cases which are amenable to treatment at all, psychoanalysis is the method of choice, but there are many instances in which it is difficult to obtain a cure. Even when the removal of a person's perverse symptom proves impossible, psychotherapy still can help him to reach a better social adjustment.<sup>53</sup>

The above opinion is essentially that of English and Pearson. These two psychiatrists feel that it is difficult to treat homosexuals and extremely difficult to change them. "The reader may be surprised that we discuss the case of homosexuality in terms of adjustment instead

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<sup>51</sup>

Paul Friedman, American Handbook of Psychiatry, ed. Silvano Arieti, Vol. I (New York: Basic Books, Inc., Publishers, 1959), p. 606.

<sup>52</sup>

Ibid. Silvano Di Furia and Hayden L. Mees, "Legal and Psychiatric Problems in the Care and Treatment of Sexual Offenders (A National Survey)" The American Journal of Psychiatry, 120:985, April, 1964.

<sup>53</sup>

Ibid.

Ibid., pp. 984-985.



of terms of change of attitude and behavior."<sup>54</sup> They also state that psychoanalysis offers the best hope of cure.<sup>55</sup>

In the concluding remarks of a recent study completed by the Research Committee of the Society of Medical Psychoanalysts, headed by Bieber, were the following remarks:

The therapeutic results of our study provide reason for an optimistic outlook. Many homosexuals became exclusively heterosexual in psychoanalytic treatment. Although this change may be more easily accomplished in some than by others, in our judgment a heterosexual shift is a possibility for homosexuals who are strongly motivated to change.<sup>56</sup>

A conclusion drawn by Drs. Di Furia and Mees in a recent study conducted at Western State Hospital, Ft. Steilacoom, Washington, was that "The sexual offender presently is the subject of a legal and psychiatric dilemma."<sup>57</sup> As it was indicated in the section on the legal aspects presented above, they too found ". . . significant differences in attitude toward and treatment of sex offenders."<sup>58</sup>

<sup>54</sup> O. Spurgeon English and Gerald H. J. Pearson, Emotional Problems of Living (New York: W. W. Norton & Company, Inc., 1955), pp. 520-521.

<sup>55</sup> Ibid., p. 523.

<sup>56</sup> Bieber and others, op. cit., p. 318.

<sup>57</sup> Giulio Di Furia and Hayden L. Mees, "Legal and Psychiatric Problems in the Care and Treatment of Sexual Offenders (A National Survey)," The American Journal of Psychiatry, 120:985, April, 1964.

<sup>58</sup> Ibid., pp. 984-985.

And, they went on to say that what happens to this person when he is apprehended is actually a "matter of geography and luck." intensive

psychoanalysis, qualified by—for homosexuals who are strongly moti-

Summary. In medicine, as in the other disciplines herein reviewed to change.

ed, there seems to be no clear cut answers to the causation of homosexuality, nor to an always effective treatment. Of the treatments discussed, it would seem that in those cases which are treatable, psychoanalysis is the method of choice. Some psychoanalysts advocate helping the homosexual in terms of adjustment instead of in terms of change. It is, however, the opinion of other psychoanalysts that the heterosexual shift is a possibility for those homosexuals who are strongly motivated to change.

## V. SUMMARY OF CHAPTER

From the literature reviewed, all viewpoints herein presented point to the complexity, the strong emotional overtones evoked, and the indecision as to the direction to pursue regarding the problem of homosexuality. There is, however, agreement among theologians, lawyers, sociologists, and medical doctors that the numbers of homosexuals and the incidence of homosexual behavior are of such proportions as to present a serious moral and social problem. Avenues of exploration and study have been suggested by each of the above professions. Some of these were: (1) that the minister or priest take a more active role in the rehabilitation of homosexuals for moral judgment must be passed upon the homosexual; (2) that sex crime legislation is inconsistent and that basic revisions are necessary; (3) that homosexual behavior needs to be studied intensively from the standpoint of



## CHAPTER IV

## METHODOLOGY

the concepts of attitudes, roles, and social world; and (4) that there is hope for effective treatment of homosexuality in intensive psychoanalysis, qualified by—for homosexuals who are strongly motivated to change. This chapter. Included are the following descriptions:

(1) the method of study; (2) the instrument used and its justification; (3) the population and group settings; (4) procedure for the collection of data; and (5) the plans for analysis of data.

## 1. METHOD OF STUDY

Inasmuch as this investigation was conducted to obtain information concerning the attitudes of psychiatric nurses toward the homosexual patient, the method of study which seemed most applicable was the normative-survey, also known as the normative-descriptive method.

The normative-descriptive method is concerned with a description of facts and conditions as they exist, without imposition of control upon factors influencing the materials under investigation.<sup>1</sup>

If the data are gathered especially to meet a purpose, and if the results are utilized in certain frames of thought, the preparation and reporting of data, summarization, analysis, and interpretation, constitute a descriptive study.<sup>2</sup>

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<sup>1</sup> Arvil S. Barr, Robert A. Davis, and Palmer O. Johnson, Educational Research and Appraisal (Philadelphia: J. B. Lippincott Company, 1953), p.337.

<sup>2</sup> Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), p.648.

## CHAPTER IV

## II. THE INSTRUMENT USED

## METHODOLOGY

Discussion of Techniques

A discussion of the methodology used to collect the data is presented in this chapter. Included are the following descriptions: (1) the method of study; (2) the instrument used and its justification; (3) the population and group settings; (4) procedure for the collection of data; and (5) the plans for analysis of data.

## 1. METHOD OF STUDY

Inasmuch as this investigation was conducted to obtain information concerning the attitudes of psychiatric nurses toward the homosexual patient, the method of study which seemed most applicable was the normative-survey, also known as the normative-descriptive method.

The normative-descriptive method is concerned with a description of facts and conditions as they exist, without imposition of control upon factors influencing the materials under investigation.<sup>1</sup>

If the data are gathered especially to meet a purpose, and if the results are utilized in certain frames of thought, the preparation of a sample of the general population, over the mailed questionnaire, and reporting of data, summarization, analysis, and interpretation, constitute a descriptive study.<sup>2</sup>

<sup>1</sup> Interview is the more appropriate technique for revealing information

Arvil S. Barr, Robert A. Davis, and Palmer O. Johnson, Educational Research and Appraisal (Philadelphia: J. B. Lippincott Company, 1953), p.337.

<sup>2</sup>

Carter V. Good and Douglas E. Scates, Methods of Research (New York: Appleton-Century-Crofts, Inc., 1954), p.648.

Carter V. Good, A. S. Barr, and Douglas E. Scates, The Methodology of Educational Research (New York: D. Appleton Company, 1936), p. 293.

## II. THE INSTRUMENT USED

### Discussion of Techniques

General techniques. There are six general techniques which may be used in collecting data in normative-descriptive research. According to Carter V. Good and others<sup>3</sup> these are: (1) survey testing; (2) questionnaire inquiry; (3) documentary frequency; (4) interview studies; (5) observational studies; and (6) appraisal procedures. Keeping in view the type of information being sought, careful consideration and evaluation of the above mentioned techniques eliminated numbers one, three, five, and six as unsuitable data gathering techniques for this study.

A comparison of the interview and the questionnaire. A comparison was made between the interview and the questionnaire as a data gathering device. Obvious advantages of the interview are in essence, (1) the estimated illiteracy of the adult population answering questionnaires; (2) that the interview usually yields a much better sample of the general population, over the mailed questionnaire; (3) the greater flexibility of the interview; (4) the opportunity for appraising validity of reports in the interview; and (5) that the interview is the more appropriate technique for revealing information

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<sup>3</sup> Claire Sellitz, Marie Jahoda, Morton Deutsch, Stuart Cook, Research Methods in Social Relations (New York: Holt, Rinehart and Winston, 1951), pp. 211-212.  
Carter V. Good, A. S. Barr, and Douglas E. Scates, The Methodology of Educational Research (New York: D. Appleton Company, 1936), p. 293.

about complex, emotionally laden subjects.<sup>4</sup>

The advantages of the questionnaire. According to Selltitz and others<sup>5</sup> advantages of the questionnaire are: (1) it is a less expensive procedure than the interview; (2) it requires much less skill to administer than an interview; (3) questionnaires can be administered to large numbers of individuals simultaneously; (4) the impersonal nature of a questionnaire, its standardized wording and instructions for recording responses, can ensure some uniformity from one measurement situation to another; and (5) respondents have greater confidence in their anonymity, and therefore feel freer to express their views without fear of disapproval. After consideration of the group being studied and the information being sought, it was decided that the advantages offered by the questionnaire outweighed those of the interview.

The disadvantages of a questionnaire. Information obtained by a questionnaire is limited to the written responses of the respondents to prearranged questions or statements. Also, the uniformity of standardized wording, ordering of questions, and instructions for recording responses, while being an advantage, can also be a disadvantage. A question with standard wording may have different meanings for different

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Ibid.  
 Claire Selltitz, Marie Jahoda, Morton Deutsch, Stuart Cook, Research Methods in Social Relations (New York: Holt, Rinehart and Winston, 1961), pp. 241-242.

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Ibid., pp. 238-240.

people. It was decided, however, that the advantages outweighed the disadvantages. And so, the questionnaire was the technique of choice.

the individual holds to intellectual or ideological convictions which would seem to leave no room for out-group antipathies, such do per-  
Justification for use of the questionnaire. How can the use of the attitude questionnaire for the purpose of gathering data in this service? Assuming that these statements are true, it would not be study be justified?

According to H. H. Remmers<sup>6</sup> in his book, Introduction to Opinion and Attitude Measurement, social distance, a sociological concept, is in the main, concerned with attitudes.

The The reduction of social distance between groups and the evaluation of the individual on his own merits are major parts of the democratic ideal, and in studying and working with social distances we are again concerned in the main with attitudes.<sup>7</sup>

Nurses are identified as members of a profession which is recognized for accepting and appreciating persons on individual merit.<sup>8</sup> Also, acceptance is the basis of all helping relationships. This implies that the nurse treats the patient as an important person and not just a diagnostic entity or a set of psychiatric symptoms.<sup>9</sup>

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<sup>6</sup> H. H. Remmers, Introduction to Opinion and Attitude Measurement (New York: Harper & Brothers, 1954), p. 166.

<sup>7</sup> Ibid.

<sup>8</sup> Gertrude Mulaney and Sidney Sayles, "Orientation in Human Relations," Nursing Outlook, 5:423, July, 1957.

<sup>9</sup> Dorothy Mereness and Louis J. Karnosh, Essentials of Psychiatric Nursing (St. Louis: The C.V. Mosby Company, 1962), p.55.

It is possible to have attitudes that do not reside on a completely articulate level. According to Westie,<sup>10</sup> "... even when the individual holds to intellectual or ideological convictions which would seem to leave no room for out-group antipathies, such do persevere." Assuming that these statements are true, it would not be incredible to expect that the number of psychiatric nurses who honestly think themselves "unprejudiced" and "accepting" to be considerably larger than effective research would reveal.

### The Instrument Used And Its Design

The choice of a tool. What type of tool could best gather information for the purpose of identifying attitudes of psychiatric nursing personnel toward the homosexual patient? One of the tools

A major assumption in the construction of an attitude scale is considered was the Bogardus social distance scale. This scale was one of the earliest scales used in the measurement of attitudes and has become a classic technique in the measurement of attitudes toward a given psychological object. The rationale for using the ethnic groups.<sup>11</sup> Such a tool was possible to construct; however, after several attempts at constructing an effective scale, it was necessary, in consideration of the economy of time, to find another method.

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Frank R. Westie, "A Technique for the Measurement of Race Attitudes," American Sociological Review, 18:73-78, February, 1953.

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Selltiz and others, op. cit., p.371.

The Likert-type scale. Inasmuch as this would apparently be the first attempt at investigating attitudes of psychiatric nurses toward the homosexual patient, an instrument presenting both positive (favorable) and negative (unfavorable) aspects of the subject to the respondent could be constructed by using the type of summated scale most frequently used in the study of social attitudes. This scale follows the pattern devised by Likert (1932) and thus is referred to as a Likert-type scale both in the literature and in the remainder of this paper. Such a scale is ordinal in nature and as such, "... defines the relative position of objects or individuals, with respect to a characteristic, with no implication as to the distance between the positions."<sup>12</sup>

A major assumption in the construction of an attitude scale is that there will be differences in beliefs between those individuals with a favorable attitude and those with an unfavorable attitude toward a given psychological object. The rationale for using the summated scores from a series of separate items is the expectation that individuals will agree or disagree to any one of a series of items, either favorably or unfavorably, in terms of their attitude toward the given object.<sup>13</sup>

... provide more precise information about any one individual's opinion.<sup>15</sup> Given the qualities of and the design for this study, an ordinal scale, such as the Likert-type, was selected as the most appropriate type tool for collecting the data.

<sup>12</sup>

ibid., p.181.

<sup>13</sup>

ibid., p.366.

<sup>15</sup>

ibid., pp. 368-369



Inasmuch as homosexuality is a highly emotionally toned subject, it may be stated that to elicit a simple "yes" (I agree) or "no" (I disagree) answer from a respondent to a statement about such a subject would be difficult. Even though a respondent did answer, the resultant answers would likely be misleading. The form in which a statement is presented to a respondent could produce a great variation in both the answers or their willingness to answer at all. Thus, the possibility exists that under the "black and white" condition of "yes" or "no" selections, a high percentage of omissions or blanket "no" answers might occur. attitudes, a substitute step should be taken.

An item on the Likert-type scale, however, allows "shades of grey." In other words, an item on a Likert-type scale permits the respondent to express agreement or disagreement in several degrees, and he is not left to choose between two alternative responses. Also, according to Selltitz and others,<sup>14</sup> when the number of possible alternative responses is increased, within limits, the reliability of the scale is increased. In the subject of homosexuality, the panel was expected. Even though the ordinal scale does not specify how much more favorable the attitude of one respondent is than another, this type scale does provide more precise information about any one individual's opinion.<sup>15</sup> Given the qualities of and the design for this study, an ordinal scale, such as the Likert-type, was selected as the most appropriate type tool for collecting the data.

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<sup>14</sup> Allen L. Edwards, Technique of Attitude Scale Construction (New York: Appleton-Century-Crofts, Inc., 1957), pp. 13-14.

<sup>14</sup> ibid., p. 368.

<sup>15</sup> ibid., pp. 368-369.



Design. Following the informal criteria for the composition of attitude statements as set out by Edwards,<sup>16</sup> which may be found on pages 13 and 14 of his book, Techniques of Attitude Scale Construction, a list of forty-two statements were formulated from literature reviewed.

The above step is the first in the procedure for constructing a Likert-type scale, and the second is to administer the statements to a group representative of those with whom the questionnaire is to be used.<sup>17</sup> It was decided, however, that because of the nature of the subject and the difficulty of formulating statements appropriate for measuring attitudes, a substitute step should be taken.

Since any measurement of the characteristics of attitudes is of necessity indirect, and since there is no direct means of validating attitudinal measurements,<sup>18</sup> it seemed appropriate to submit the proposed scale to a panel of judges for their professional assessment, thereby giving the measuring instrument some degree of validity. The panel members were chosen on the basis of their professional knowledge and familiarity with the subject of homosexuality. The panel was expected to know if (1) a statement was factual or nonfactual, and (2) a given statement could elicit a favorable or unfavorable response when presented to the respondents. In addition it was assumed that the panel would give an objective judgment of the item.

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<sup>16</sup>

Allen L. Edwards, Technique of Attitude Scale Construction (New York: Appleton-Century-Crofts, Inc., 1957), pp. 13-14.

<sup>17</sup>

Selltiz and others, op. cit., pp. 357-369.

<sup>18</sup>

Edwards, op. cit., p. 2.

The panel and its instructions. The panel was composed of three psychiatrists, one psychologist and five psychiatric nursing clinical specialists. Each member of the panel received a letter, accompanied by the list of forty-two statements and instructions as to what was desired. A sample copy of the letter and the instructions may be found in Appendixes B and C.

The panel's evaluation of the statements. It was arbitrarily decided that for a statement to be used on the questionnaire administered to the respondents, six of the nine panel members must agree that the statement was nonfactual, and that the statement would elicit either a favorable or an unfavorable response.

Results of the panel's assessment. After tabulating the results of the panel's evaluation, it was found that twelve of the original statements were to be eliminated. The stated criteria had not been met. For example, the panel eliminated the following statement on the basis that it was factual and therefore would not elicit an opinion from a respondent, but would test for the respondent's knowledge of the item. "Many homosexuals are intelligent, creative, and contributing members of society." And so, assuming that the factual knowledge was available to all respondents, the possibility of acceptance of this statement would be the same for both those with favorable and those with unfavorable attitudes. Another example of an item deleted by the panel as factual is the following: "Probably investigation of homosexuality is hindered because the subject itself evokes a tremendous emotional reaction." The remaining ten items on the original list of

### III. POPULATION AND GROUP SETTINGS

statements were eliminated by the panel for the same reasons. And so, the thirty remaining items became Part I of the data-gathering instrument. The reader will find Part I of the attitude questionnaire in Appendix A, precisely as it was administered to the nurse respondents. It may be noted here that of the thirty remaining items which were administered to the respondents, twenty were unfavorable toward the subject of homosexuality and ten were favorable.

Neither was it possible to take a random sample from the designated population. Thus, a group of ninety-eight nurses functioning in three selected hospitals were chosen for study. The questionnaire was to answer a given statement in the manner in which he assumes it should be answered, rather than in the manner he really feels. In addition, eighteen nurses were panel members, as well as administrative or teaching personnel; three were supervisors; four were ill; five were on vacation; and, three were part-time employees and, therefore, not used as part of the sample. Recognizing these conditions and considering the freedom of response offered by the open-ended statement, which permits the subject to explain his position in his own words, it was decided that Part II of the attitude questionnaire would be an open-ended statement was that statistical analysis of the respondent's answer to the statement, as well as analysis of the relationship between the responses on Part I and Part II of the questionnaire, offers an additional means of measuring attitudes toward homosexuality. The open-ended statement, Part II of the attitude questionnaire, may be found in Appendix A.

### III. POPULATION AND GROUP SETTINGS

#### The Population and Group Settings Described

The population. The population encompassed by this study was all professional nurses employed in psychiatric hospitals to give nursing care to the mentally ill patient. "A population is the aggregate of all of the cases that conform to some designated set of specifications."<sup>19</sup> It was not possible to study all psychiatric nurses. Neither was it possible to take a random sample from the designated population. Thus, a group of ninety-eight nurses functioning in three selected hospitals were chosen for study. The questionnaire was administered to eighty of the ninety-eight nurses. Four of the remaining eighteen nurses were panel members, as well as administrative or teaching personnel; three were supervisors; four were ill; five were on vacation; and, three were part-time employees and, therefore, not used as part of the sample.

The sample was heterogeneous in terms of age and years of experience. The oldest member of the group was fifty-six and the youngest twenty-one. Years of experience ranged from six months to twenty years. In terms of education, the group was more homogeneous. Of the eighty respondents, forty-one had a bachelor of science degree in nursing, one a master of science degree, and the remainder of the group were graduates of the traditional diploma program. There were

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<sup>19</sup>Appendix D.

Selltiz and others, op. cit., p.509.

five subjects who had not had basic psychiatric nursing. They did have, however, the benefit of a one year in-service educational program in their employing institution, as well as varying years of experience.

to answer the questionnaire.

The settings studied. Given the nature of the thesis problem, it was felt that by investigating the attitudes of psychiatric nurses each of the respective hospitals. In addition to the written instructions on the questionnaire the respondents were verbally instructed with respect to the following: (1) the reason the investigator was conducting the study; (2) the assurance of complete anonymity for their controlling agencies, and, concomitantly, of their possible differences in philosophy. These hospitals were: (1) a private hospital; (2) a state hospital, which also serves as a clinical facility for both a medical school and basic collegiate and graduate programs in nursing; and (3) a federal institution. The settings were not analyzed for further similarities or differences.

a stack of instruments provided for the purpose of added anonymity.

The respondents IV. PROCEDURE FOR COLLECTION OF DATA interested in the outcome of the study, a full report would be available through their

#### Permission to Conduct the Investigation

A letter<sup>20</sup> requesting permission to conduct the study was sent to the director of nursing service in each of the selected hospitals.

Permission was granted and an interest in having their nursing personnel was indicated. A model letter may be found in Appendix D.

The summated score. The Likert-type attitude questionnaire administered to the respondents is a summated scale. Each response to

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Appendix D.

Appendix A.

### Collection of the Data

The director of nursing service in each hospital graciously arranged for a testing area and gave hospital time for each respondent to answer the questionnaire.

The investigator administered the attitude questionnaires<sup>21</sup> in each of the respective hospitals. In addition to the written instructions on the questionnaire the respondents were verbally instructed with respect to the following: (1) the reason the investigator was conducting the study; (2) the assurance of complete anonymity for both hospital and respondent; (3) to answer as they felt and not as they thought they should feel; (4) to complete the open-ended statement at the end of the questionnaire; (5) to refrain from discussing the questionnaire until all data were collected in their particular hospital; and (6) to place their completed questionnaire anywhere in a stack of instruments provided for the purpose of added anonymity. The respondents were also told that should they be interested in the outcome of the study, a full report would be available through their director of nursing service upon completion of the investigation.

### V. PLANS FOR ANALYSIS

#### Proposed Statistical Treatment of Data

The summated score. The Likert-type attitude questionnaire administered to the respondents is a summated scale. Each response to

<sup>22</sup> Edwards, op. cit., p. 157.

<sup>21</sup> Rensis Likert, "A Technique For The Measurement of Attitudes," Archives of Psychology, No. 140, 1932, p. 126.



a statement may be considered a rating and these responses are then summated.<sup>22</sup> The subjects had one of five categories from which to choose within each statement. The categories were (1) I agree with the statement; (2) I am inclined to agree (with reservations); (3) I cannot say (have no feeling one way or another); (4) I am inclined to disagree (with reservations); and (5) I disagree. Each category was weighted so that the response made by individuals with the most favorable attitude always had the highest positive weight. For all of the favorable statements, this was the "I agree" category, and for the unfavorable statements it was the "I disagree" category. As it Likert<sup>23</sup> found that scores based upon the relatively simple assignment of integral weights correlated .99 with the more normal deviate system of weights. And so, the "I agree" response was given a weight of 4, and "I am inclined to agree" response a weight of 3, the "I cannot say" response a weight of 2, the "I am inclined to disagree" response a weight of 1, and the "I disagree" response a 0 (zero) weight. These weights were for the statements which implied a favorable opinion towards the acceptance of homosexuality. For the negative (unfavorable) statements the weights were reversed. As stated above, the judges determined which statements were favorable or unfavorable toward the subject of homosexuality.

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<sup>22</sup>

Edwards, op. cit., p. 157.

<sup>23</sup>

Rensis Likert, "A Technique For The Measurement of Attitudes," Archives of Psychology, No. 140, 1932, p.126.

A total score for each respondent was to be obtained by summing the weights assigned to each of the item responses. If an individual answered every item with the most favorable response possible the total score would be 120, the most unfavorable possible score would then be 0 (zero), and the most neutral score 60. It has been pointed out that the Likert-type scale is an ordinal scale, and the summated rating score corresponding to "neutral" on a favorable-unfavorable continuum is not known. Inasmuch as it was not the purpose of this study to measure the degree of favorableness or unfavorableness, nor to assign a single subject to a discrete category, as it is assumed to be possible in the case of equal appearing interval scores, the absence of the knowledge of the "neutral" point was not considered a handicap.<sup>24</sup> Even though such discrete categorization is not possible in a study of this nature some means of classifying the summated scores for statistical analysis is indicated. Therefore, the relative score of 60 was assumed as mid-point of the possible 120 points on the thirty item attitude scale.

And so, using this midpoint, four superficial categories, hereafter referred to as "descriptive categories", were designated as follows: a total score falling within the range of zero to 29 was to be classified as descriptive Category I and was to be considered a completely negative or unfavorable attitude toward homosexuality.

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<sup>24</sup>

Edwards, loc. cit.



Descriptive Category II was to be considered negative or unfavorable (with reservations) and would be composed of those scores totaling 30 to 59. Accordingly, descriptive Category III was to be positive or favorable (with reservations), and would be constituted of those total scores falling between 60 and 89. Category IV was to be considered as positive or favorable toward acceptance of the homosexual patient, and would describe those respondents whose summated scores totaled 90 or more. And so, ranking of respondents and interpretation of scores was to proceed on this basis.

Measures of central tendency. For the purpose of describing the data collected, various measures of central tendency were to be applied to the summated scores of the Likert-type scale. These measures included range, arithmetic mean, and standard deviation which describes the distribution of a given population as well.

Item analysis of the Likert-type scale. The stated purposes of this entire thesis were as follows: (1) to determine what percentage of psychiatric nurses studied had a favorable or accepting attitude toward the homosexual patient; (2) to determine what percentage of the group of psychiatric nurses studied had an unfavorable or nonaccepting attitude toward the homosexual patient; and (3) to develop a tool which could be used in the assessment of attitudes, and for planning educational programs for psychiatric nursing personnel and basic nursing students.

The attitude questionnaire was accepted as valid for the purpose of gathering data for this study after its evaluation by a panel

of expert judges. It was decided, however, that to determine the reliability of the total instrument and to achieve the stated third purpose of the study, an item analysis of the Likert-type scale would be done. Such an analysis is a method of increasing the reliability of a measurement procedure and thus its validity.<sup>25</sup>

Because a response to any given item in a summated scale is considered a rating of that item<sup>26</sup> determining the discriminating power of any given item would establish its ability to distinguish between those nurses having an attitude of acceptance toward the homosexual patient, and those having an unfavorable attitude.<sup>27</sup>

As it has been pointed out, in the design of the Likert-type scale a major assumption in its construction is that few high scorers will agree with all items, and some low scorers will agree with several items. For the purpose of interpretation, however, it is necessary to determine the closeness of the relationship between item score and scale score. the procedure was to be as follows: First, the twenty respondents Likert's method of determining the closeness of the relationship between any given item and the scale score was that of the criterion of internal consistency in which for each item was to be found for both the high . . . the reactions of the group that constitute one extreme in the particular attitude being measured are compared with the reactions of the group that constitute the other extreme.<sup>27</sup>

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<sup>25</sup>

Selltiz and others, op. cit., p. 178.

<sup>26</sup>

Edwards, op. cit., p. 152.

<sup>27</sup>

Likert, op. cit., p.50.

In the development of this method of determining the reliability of an item scale, Likert<sup>28</sup> found that a correlation of .91 existed between his "Discriminatory Power" technique and the more extensive technique of item analysis based upon computation of correlations between item scores and scale scores.

Adorno and others used Likert's "Discriminatory Power" technique as the basis for their study of Anti-Semitic Ideology, reported in the book, The Authoritarian Personality. These authors found that "... The Likert 'Discriminatory Power' technique, although statistically more limited, has a great time saving advantage."<sup>29</sup>

In view of the above, it was decided that the item analysis would be done using Likert's Discriminatory Power technique, and Adorno's criteria.<sup>30</sup> And thus, the proposed plans for item analysis have been adapted from Adorno's 7 point scale, which may be found in the reference cited above, to the 5 point scale in question. On such a basis the procedure was to be as follows: First, the twenty respondents with the highest total scores would represent the 25 per cent of high scorers of the sample population; conversely for the 25 per cent of low scorers. Then a mean for each item was to be found for both the high and low scorers. The difference between the two means was to be

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28

Ibid., p. 80.

29

T.W. Adorno and others, The Authoritarian Personality (New York: Harper & Brothers, 1950), p.77.

30

Ibid.

considered the Discriminatory Power. To determine the general group tendency toward agreement or disagreement with any given item, a total group mean for each item would be computed. To illustrate the importance of the group mean in determining the Discriminatory Power of an item, consider this statement, "Homosexuality may not be an advantage, but it is certainly nothing of which to be ashamed." Consider the item mean score for the 25 per cent of high scorers to be 1.80, .80 for the 25 per cent of low scorers, and the total group mean 1.00. The Discriminatory Power of this item would be 1.00. The Discriminatory Power is "... a measure of the variability of the high and low scorers around the group mean, and of their average difference in response."<sup>31</sup> Then, "How large must a Discriminatory Power be in order to indicate almost no overlap between highs and lows?"<sup>32</sup> is the question asked and answered, "... it depends on the form and size of the distribution and the size of the group mean."<sup>33</sup> The average difference in response between the high and low scorers around the hypothetical group mean of 1.00 was .50. Yet, based on the weight system designed for this study, and in view of the above, it would be said that this item discriminated quite well between the high and low scorers. The total group mean (1.00) was low; however, the average item response for the 25 per cent of high scorers placed them near 2.00 (1.80), while the average response to the

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<sup>31</sup> Ibid., p. 80.

<sup>32</sup> Ibid.

<sup>33</sup> Ibid.

item by the 25 per cent of low scorers placed them at .80. Scrutiny of these item means reveals that the group as a whole tended to disagree with the item. Generally, "... the more extreme the group mean ... the lower the D. P. can be and still adequately separate the low from the high scorers."<sup>34</sup> The items reflecting a clear separation of high and low scorers, however, would have a Discriminatory Power of around 2.00. Also, it would be considered quite adequate if the Discriminatory Power was found to be between 1.00 and 2.00. A Discriminatory Power of less than 1.00 when viewed in light of the three item means might then also be considered adequate. Items with total group means of near 1.00 or 3.00 would be considered for rejection or rewording, inasmuch as they would reflect the tendency of the total group to agree or disagree with the item.

Analysis of responses to the open-ended statement. It was the opinion of the investigator that within limits, the freedom to judge oneself, to state one's position on a subject, and to give the reason why, would be likely to elicit a conscious statement of true attitude expressed in verbal opinion. "Attitudes grade into opinions, and there is no sharp difference between them."<sup>35</sup>

To plan analysis of the open-ended statements it was felt that subjective separation of the respondents' replies would be necessary. Such a response would be sub-grouped as (c), ambivalent. Another sub-group to be provided was qualified (d). The reader might sub-

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Ibid.

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Ibid.

Four groups were planned. Group A would be those respondents who completed the sentence, each one saying "I could enter into a therapeutic relationship . . ."; Group B, those respondents who answered with a frank no; Group C, those respondents who did not follow instructions; and, Group D, those respondents who failed to answer the open-ended statement. It was found that Groups C and D were necessary after the data were collected. After much deliberation it was decided that Group A was to be sub-grouped according to the respondent's stated ability to enter into a therapeutic relationship with a homosexual patient. For example a hypothetical respondent who might answer "I could . . ." and then go on to say "I have accepted my own elements of latent homosexuality, and I am not threatened by a person who has not yet reached a heterosexual stage of development", would be placed in sub-group (a) acceptance. Again, if a respondent's initial "I could . . ." placed her in Group A, yet the following statement expressed an unfavorable attitude, let us say ". . . but these people are 'that way' by choice and they don't want to change or they would . . .", subjective evaluation by the investigator would place this response in sub-group (b), that of nonacceptance. Going on, and the hypothetical respondent answered with, "I could . . . it would be my responsibility to help any patient, even if they are a homosexual." Such a response would be sub-grouped as (c), ambivalent. Another sub-group to be provided was qualified (d). The reader might subjectively view this category as better described by the word dilemma, or perhaps another descriptive word of choice. Generally, it was planned that this sub-group would provide placement of those responses

that were not clearly accepting, nor obviously nonaccepting, neither were they ambivalent. For example, a statement similar to the following would find placement in this sub-group. "I could . . . if I could, well, I suppose really be sure that kind of a patient could be helped." Sub-group (e) would be for those responses which did not really commit the nurse. For example, "I could . . . when a patient is in the hospital someone has to be with them." After much deliberation it was decided that sub-group (f) be included to provide placement for those responses which would be difficult to classify (unclassifiable). This sub-group would also provide placement for those responses which the investigator considered ambiguous, i.e., the answer could have more than one meaning, and thus might be interpreted differently than the respondent intended.

It was expected that when a nurse answered the open-ended statement with a clearly stated "yes" or "no" that this nurse's summated score would also identify her verbal response by the corresponding descriptive category of favorable-unfavorable on Part I of the attitude questionnaire. Accordingly, it was expected that other responses would be so identified.

First it was desired to make a comparison between the Groups on Part I and Part II of the attitude questionnaire dependent on each other as was expected? If they are interrelated, is the relationship statistically significant? A null hypothesis for the chi-square analysis was then stated: There is no relationship between the . . . It was decided that no numerical value could be assigned to the open-ended statement. Instead, it was felt that the respondent's total scale



score from Part I of the attitude questionnaire would also serve as a numerical value for the respondent's verbal response. To make such a comparison, an average Likert scale score would be found for the respondents in all Groups and sub-groups. With this average summated score, classification could then be made. For example, if ten nurses composed sub-group (a) of Group A and their average scale score was 95, the group would be identified as Category IV individuals, i.e., accepting of the homosexual patient.

For the purpose of this study it was decided that to reject the null hypothesis with confidence, the chi-square value must have a probability of 0.5 per cent or less. The chi-square test. To statistically test the relationship between responses on Part I and Part II, the data from both the open-ended statement and the Likert-type scale were to be analyzed to

determine whether a significant relationship did exist between the respondent's answers on the two parts. Such a test would then reflect the methodology used to collect data for this investigation has the ability of the data gathering instrument to indicate attitudes been presented in this chapter. Included has been a discussion of the techniques considered, and a comparison of the advantages and disadvantages of the attitude questionnaire and the interview as means of gathering data. Justification for use of the attitude questionnaire and the purpose of including the open-ended statement have been recited. The design of the Likert-type scale has been described in detail. Also, other as was expected? If they are interrelated, is the relationship statistically significant? A null hypothesis for the chi-square chosen has been made. Finally, the proposed plans for the analysis of analysis was then stated: There is no relationship between the the data have been accounted. Included in the description of the proposed plans for analysis of data have been those for Parts I and II of the questionnaire. The relationship between the two parts.

The chi-square test, " . . . a measure of discrepancy existing between observed and expected frequencies . . ."<sup>36</sup> could analyze the data. It would then answer the following question: Are the scores on Part I and Part II of the attitude questionnaire dependent on each other as was expected? If they are interrelated, is the relationship statistically significant? A null hypothesis for the chi-square chosen has been made. Finally, the proposed plans for the analysis of analysis was then stated: There is no relationship between the the data have been accounted. Included in the description of the proposed plans for analysis of data have been those for Parts I and II of the questionnaire. The relationship between the two parts.

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Murray R. Spiegel, Theory and Problems of Statistics (New York: Schaum Publishing Company, 1961), p.201.

respondents' scores on the open-ended statement, and their corresponding summated scores on the Likert-type scale.

Groups C and D would not be included in this particular test. The sub-groups of Group A would provide the necessary numbers for the "yes" answers, and Group B would provide the "no" answers. There would be two exceptions. Sub-groups (b) and (d) of Group A, would by virtue of their nature also be categorized as "no" in the statistical analysis.

For the purpose of this study it was decided that to reject the null hypothesis with confidence, the chi-square value must have a probability of 0.5 per cent or less.

#### SUMMARY OF CHAPTER

The methodology used to collect data for this investigation has been presented in this chapter. Included has been a discussion of the techniques considered, and a comparison of the advantages and disadvantages of the attitude questionnaire and the interview as means of

gathering data. Justification for use of the attitude questionnaire

and the purpose of including the open-ended statement have been recited.

The design of the Likert-type scale has been described in detail. Also,

a description of the population and group settings from which they were

chosen has been made. Finally, the proposed plans for the analysis of

the data have been accounted. Included in the description of the proposed plans for analysis of data have been those for Parts I and II of

the questionnaire individually, and also the proposed test of relationship between the two parts.

## CHAPTER V

### REPORT OF THE INVESTIGATION

The report of the investigation of the attitudes of eighty psychiatric nurses from three selected hospitals toward the homosexual patient is presented in this chapter. In the first division of the chapter the analysis of the data is presented. In the second division of the chapter the interpretation of the findings have been set forth.

#### I. ANALYSIS OF THE DATA

The purpose of the study. The purpose of this study was (1) to determine what per cent of psychiatric nurses studied had a positive or favorable attitude toward the homosexual patient; (2) to determine what percentage had a negative or unfavorable attitude; and (3) to develop a tool which could be used in the assessment of attitudes, and for planning educational programs for psychiatric nursing personnel and basic nursing students.

The summated score. After the data were collected, the first step in the assortment of respondents' scores was to derive a summated score from the thirty items on Part I of the attitude questionnaire, the Likert-type scale. And, as described in Section V. of Chapter IV, the summated score for each respondent was found by totaling the assigned weights of the responses made to each of the 30 items on the Likert-type scale. These weights were 4 for the "I agree" response, 3 for the "I am inclined to agree" response, 2 for the "I cannot say" response, 1 for

the "I am inclined to disagree" response, and zero for the "I disagree" response to a favorable statement. For statements which implied an unfavorable opinion toward homosexuality, the weights were reversed. Table VI of Appendix F is the tabulation of the 80 respondents' individual summated scores on Part I, the items on the Likert-type scale.

For analytical purposes the descriptive categories I through IV were established to encompass score ranges from zero to 29, 30 to 59, 60 to 89, and 90 to 112. These descriptive categories then identified respondents' scores which fell within these ranges as negative or unfavorable, negative or unfavorable (with reservations), positive (with reservations), and positive or favorable, respectively.

Table I, page 65, shows the summated score ranges, the descriptive categories, and the percentage distribution of scores for the eighty respondents. As shown in this table, no respondent achieved a score which fell in the range of Category I (0 - 29). Nine nurses (11.25 per cent) fell in descriptive Category II, while fifty-five (68.75 per cent) of the respondents scores were found in the range of Category III. The remaining 20 per cent, or sixteen of the eighty nurses, had a positive or favorable attitude (Category IV).

Measure of central tendency. To provide a more adequate basis for the interpretation of the data obtained from the thirty items on the Likert-type scale, Part I of the attitude questionnaire, measures of central tendency and dispersion were included. It was found that the scores of the respondents ranged from a low of 37 to a high of 111. The arithmetic mean and standard deviation was determined and was found

TABLE I.  
NUMERICAL AND PERCENTAGE DISTRIBUTION BY DESCRIPTIVE  
CATEGORY OF THE 80 RESPONDENTS ON PART I OF THE  
ATTITUDE QUESTIONNAIRE

Descriptive Categories	Range Summated Scores	Number of Respondents	Per Cent of Respondents
I Unfavorable	0 - 29	0	0
II Unfavorable (with reservations)	30 - 59	9	11.25
III Favorable (with reservations)	60 - 89	55	68.75
IV Favorable	90 - 119	16	20.00
	Total	80	100.00

Allen L. Edwards, Statistical Methods for the Behavioral Sciences (New York: Holt, Rinehart and Winston, 1961), p. 43.

<sup>2</sup> Ibid., pp. 39-41.

to be  $75.0 \pm 15.182$ . A median score, which is defined as " . . . that point in a distribution of measurements above which and below which 50 per cent of the measurements lie . . ."<sup>1</sup> was also found to be 75.

In order to further describe the respondents' attitudes, a frequency distribution of their scores was determined. The interval for determining this distribution was 5 points and the lowest interval range was 35 - 39, midpoint being 37.0, so as to include the lowest score earned by one of this group of respondents. The highest interval range was 110 - 114, with a midpoint of 112 for the same purpose, i.e., to include the highest score earned by one of this group. Table 11, page 67, shows this frequency distribution of scores.

In conjunction with the use of the arithmetic mean as a measure of central tendency, the standard deviation was also calculated. According to Edwards<sup>2</sup> this value provides the most accurate estimation of dispersion of scores. The use of the standard deviation is based upon the theoretical normal distribution curve, and thus predicts that 68.26 per cent of the scores of any given population will fall within the limits of plus or minus one standard deviation from the mean. As stated above, the standard deviation of this group was 15.182. It was then determined that 55 respondents' scores fell into the range of 60 - 89 which is plus or minus one standard deviation from the group mean of 75.0

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<sup>1</sup> Allen L. Edwards, Statistical Methods for the Behavioral Sciences (New York: Holt, Rinehart and Winston, 1961), p. 43.

<sup>2</sup> Ibid., pp. 39-41.

and represents 68.25 per cent of the total. This is the area between the mean and plus or minus one standard deviation from the mean. This represents 95 per cent of the respondents' scores in the area to the right and left of the mean and two beyond the plus two standard deviation units from the mean. It may be noted that two beyond the plus two standard deviation units from the mean is a score of 75.0. This score dispersion is graphically demonstrated in Figure 1 on page 69.

Score Intervals	Midpoint of Score Interval	Frequency
35 - 39	37.0	1
40 - 44	42.0	1
45 - 49	47.0	1
50 - 54	52.0	3
55 - 59	57.0	3
60 - 64	62.0	11
65 - 69	67.0	10
70 - 74	72.0	6
75 - 79	77.0	9
80 - 84	82.0	6
85 - 89	87.0	13
90 - 94	92.0	8
95 - 99	97.0	4
100 - 104	102.0	2
105 - 109	107.0	1
110 - 114	112.0	1
Total		80

Allen L. Edwards, Techniques of Attitude Scale Construction (New York: Appleton-Century-Crofts, Inc., 1957), p. 152.



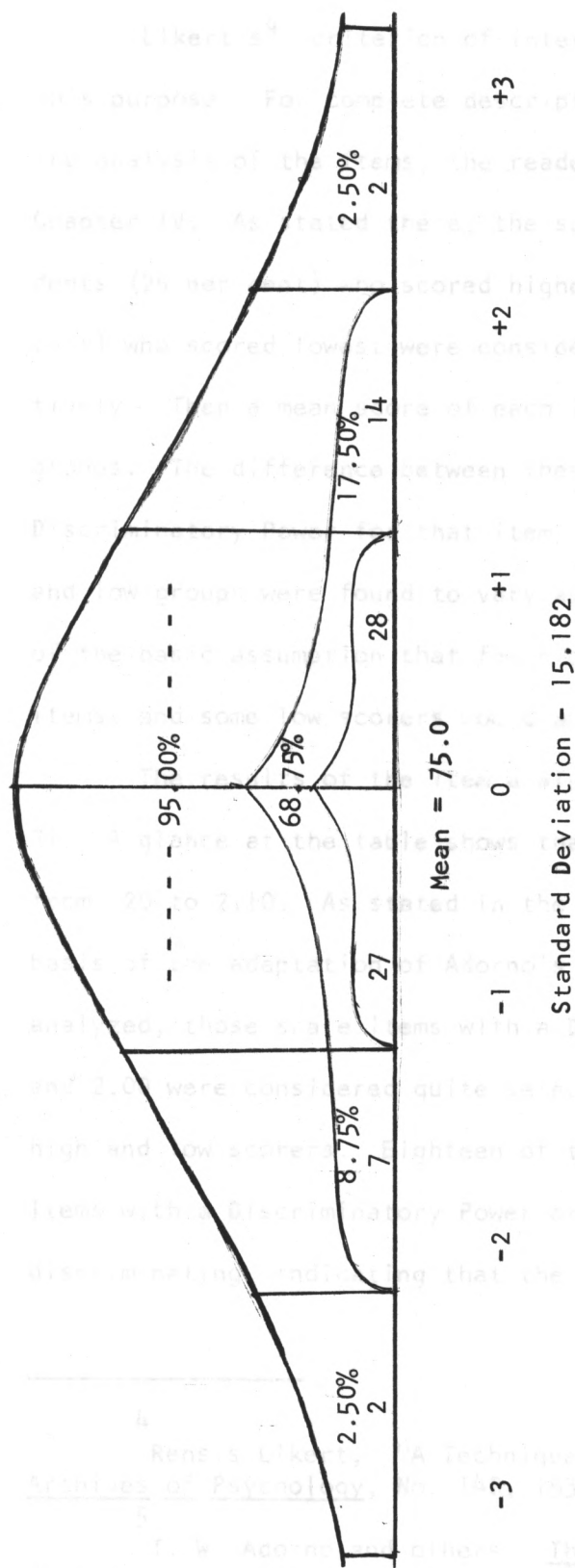
and represents 68.25 per cent of the groups' scores. Seventy-six respondents (95 per cent) were found to be included in the area of plus or minus two standard deviations from the mean. This left only five per cent or four respondents' scores in the area to the right and left of two standard deviation units. It may be noted that two of the respondents were on either end of the scale, i.e., two beyond the minus two and two beyond the plus two standard deviation units from the group mean of 75.0. This score dispersion is graphically demonstrated in Figure 1, page 69.

The item analysis of the Likert-type scale. As discussed in Chapter IV, this analysis was designed to meet the stated third purpose of this study. Such an analysis of the Likert-type scale was proposed because each response to an item in a summated scale is considered a rating.<sup>3</sup> And, such an analysis would establish the ability of any given item to discriminate between those nurses who had an attitude of acceptance toward the homosexual patient, and those nurses who had an attitude of nonacceptance. When the Discriminatory Power of all items was statistically determined, and each item placed in its relationship to the total scale, a more adequate basis for interpretation was provided.

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Allen L. Edwards, Techniques of Attitude Scale Construction (New York: Appleton-Century-Crofts, Inc., 1957), p. 152.



Number and percentage of respondents' scores falling in the area delimited by -1 and -2 standard deviation units from the mean

Number and percentage of respondents' scores falling in area delimited by 1+, 2+ standard deviation units from the mean

FIGURE 1

GRAPHIC ILLUSTRATION SHOWING DISTRIBUTION CURVE FOR THE 80 RESPONDENTS

Likert's<sup>4</sup> criterion of internal consistency was used to achieve this purpose. For complete description of the procedure proposed for the analysis of the items, the reader is referred to Section V. of Chapter IV. As stated there, the summated scores of the 20 respondents (25 per cent) who scored highest and the 20 respondents (25 per cent) who scored lowest were considered high and low scorers, respectively. Then a mean score of each item was found for each of these two groups. The difference between these two item means was considered the Discriminatory Power for that item. The item means for both the high and low groups were found to vary as had been expected in consideration of the basic assumption that few high scorers would agree with all the items, and some low scorers would agree with several items.

The results of the item analysis may be found in Table III, page 71. A glance at the table shows that the Discriminatory Power varied from .20 to 2.10. As stated in the proposed method of analysis, on the basis of the adaptation of Adorno's criteria<sup>5</sup> to the scale herein being analyzed, those scale items with a Discriminatory Power of between 1.00 and 2.00 were considered quite selective in their ability to separate high and low scorers. Eighteen of the thirty items met this criteria. Items with a Discriminatory Power of near 2.00 were considered as very discriminating, indicating that the high scorers had agreed with the

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Number: Total Group = 80 H.Q. = 20 L.Q. = 20  
Range of 4 Total Scores: Total Group: 37 - 111

<sup>4</sup> Rensis Likert, "A Technique for the Measurement of Attitudes," Archives of Psychology, No. 140, 1932, pp. 50-51.

<sup>5</sup> T. W. Adorno and others, The Authoritarian Personality (New York: Harper & Brothers, 1950), pp. 77-83.

TABLE III  
THE ITEM ANALYSIS OF THE LIKERT-TYPE SCALE

ITEM NO.	MEAN ITEM SCORE		DISCRIMINATORY POWER	MEAN FOR TOTAL GROUP
	Upper 25% N = 20	Lower 25% N = 20		
1.	2.10	1.20	.90	1.76
2.	2.30	1.30	1.00	1.90
3.	2.35	1.80	.55	2.05
4.	2.80	1.00	1.80	1.64
5.	2.65	1.30	1.35	1.85
6.	3.45	1.45	2.00	2.51
7.	2.60	.70	1.90	1.65
8.	3.10	1.65	1.45	2.61
9.	3.55	2.65	.90	3.28
10.	3.65	3.30	.35	3.46
11.	2.45	1.80	.65	2.09
12.	3.25	2.00	1.25	2.72
13.	3.60	3.05	.55	3.47
14.	3.95	3.55	.40	3.76
15.	3.15	1.40	1.75	2.10
16.	3.60	2.05	1.55	2.92
17.	3.60	1.75	1.85	2.50
18.	3.80	2.25	1.55	3.20
19.	2.90	1.65	1.25	2.51
20.	3.65	1.95	1.50	2.74
21.	3.10	2.00	1.10	2.18
22.	3.85	.75	2.10	1.80
23.	3.15	2.50	.65	2.79
24.	3.60	1.90	1.70	2.81
25.	3.25	2.40	.85	2.89
26.	2.40	1.80	.60	2.11
27.	3.90	3.70	.20	3.85
28.	3.70	2.80	.90	3.40
29.	3.75	1.65	2.10	2.79
30.	2.60	.75	1.85	1.41

Number: Total Group = 80 H.Q. = 20 L.Q. = 20

Range of Total Scores: Total Group: 37 - 111  
H.Q. = 89 - 111 L.Q. 37 - 64

item and the low scorers had disagreed with the item, or conversely, as the case might be. Those items with a Discriminatory Power near 1.00 indicated more overlapping of responses between the high and low scorers.

Glancing again at Table III, it may be seen that twelve items had a Discriminatory Power of less than 1.00. Through consideration of such an item, it may be seen that although the Discriminatory Power of a given item is low, its ability to separate high and low scorers may be effective. Consider statement twenty-six. "A step in the right direction for helping the homosexual was taken in 1950 when homosexuals first were able to form organizations, hold meetings and conventions, and publish their own books." The total group mean for the item was 2.11, the item mean for the high scorers 2.40, and 1.80 for the low scorers. The Discriminatory Power then was .60. Yet because of the position of the group mean between the high and low scorers, and the general group tendency, it may be said that the difference between the two groups is indicative of the item's ability to discriminate. Items one, three, eleven, and twenty-eight are similar. The remaining eight items show group means of well over 3.00 reflecting a general tendency of the group to agree or disagree, as the case may be. Interpretation of these results may be found in the second division of this chapter.

Identification of responses to the open-ended statement. As discussed above, Part II of the data gathering instrument was an open-ended statement which was included to provide an additional means of establishing reliability of the total measurement procedure.

As stated in the proposed plans for statistical analysis of the

data, which may be found in detail in Section IV. of Chapter IV, the first step in the procedure was to classify the responses to the open-ended statement by subjective evaluation into the four identifying groups (See page 59, Chapter IV).

It was desired to compare the responses made to the open-ended statement on Part II of the attitude questionnaire to one of the four descriptive categories in Part I. No numerical value could be assigned to the open-ended statement. The summated Likert score for any given nurse was then used as the numerical value to her response to the open-ended statement. These grouped scores were then averaged to find an arithmetic mean for the respective group or sub-group. This mean score could then be compared to the corresponding descriptive category of Part I. Data from this comparison may be found in Table IV, page 74. As shown, sixty-two of the eighty respondents were classified as Group A individuals, five as Group B individuals, seven as Group C, and six as Group D. Within Group A the sub-groups had a frequency as follows: (a) 22, (b) 6, (c) 18, (d) 3, (e) 9, (f) 4. Two sub-groups within Group A were by virtue of their verbal responses considered negative, their "yes" answer notwithstanding. These were sub-groups (b) nonacceptance and (d) ambivalent. The nine respondents of sub-groups (b) and (d) were subsequently considered as Group B individuals.

The test of relationship between Part I and Part II of the questionnaire. It was also desirable to determine if a statistical relationship existed between the answers to Part I of the attitude questionnaire, the Likert-type scale, and those to Part II, the open-ended state-

TABLE IV  
A COMPARISON OF  
PART I THE LIKERT-TYPE SCALE AND  
PART II THE OPEN-ENDED STATEMENT

Part II Verbal Response Identified by Group and/or Sub-Group*	Mean Summated Score of Individuals in a Group and/or Sub-Group	Corresponding Descriptive Categories of Part I	Frequency
<b>GROUP A</b>			
Choice "I could..."			
Sub-groups			
(a) acceptance	91.1	C-IV (90 - 119)	22
(b) nonacceptance	56.6	C-II (30 - 59)	6
(c) qualified	75.2	C-III (60 - 89)	18
(d) ambivalence	64.0	C-III (60 - 89)	3
(e) self uncommitted	74.5	C-III (60 - 89)	9
(f) unclassifiable	76.5	C-III (60 - 89)	4
<b>GROUP B</b>			
Frank "No" Answer	57.4	C-II (30 - 59)	5
<b>GROUP C</b>			
Did not follow Instructions	79.0	C-III (60 - 89)	7
<b>GROUP D</b>			
Did not answer	73.5	C-III (60 - 89)	6
TOTAL			80

\* Examples may be found in Appendix E

The nine remaining subjects (11.25 per cent) had rated in favor of or nonaccepting attitude. Again, these respondents qualified their



ment. The chi-square test of significance was proposed to provide a more adequate basis for interpreting whether such a relationship was "fact or fiction", and at the same time provide statistical evidence of the reliability of the tool. This test was based on the expectation that when a nurse responded to the open-ended statement with "yes" or "no" her total scale score would place her in the corresponding descriptive category of Part I; i.e., either favorable or unfavorable. Thus a chi-square analysis testing the following null hypothesis "There is no relationship between the respondents' scores on the open-ended statement, and their summated scores on the Likert-type scale" was computed. The chi-square value was found to be 50.82 with three (3) degrees of freedom.

Since a value of this magnitude was found to have a probability of less than 0.5 per cent, the null hypothesis was rejected and its alternative "There is a relationship between the respondents' scores on the open-ended statement, and their summated scores on the Likert-type scale" . . . was accepted.

## II. INTERPRETATION OF FINDINGS

### Interpretation of Findings Based on Summated Scores

Percentage distribution of scores. Analysis of the data shown in Table I, page 65, indicated that of the eighty psychiatric nurses who responded to the attitude scale seventy-one (88.75 per cent) had a favorable or accepting attitude toward the homosexual patient. However, of this number, fifty-five (68.75) qualified their acceptance of the patient. The nine remaining subjects (11.25 per cent) indicated an unfavorable or nonaccepting attitude. Again, these respondents qualified their

TABLE V  
THE CHI-SQUARE CONTINGENCY TABLE

		Descriptive Categories				Part I The Likert-Type Scale	
		I	II	III	IV		
		0 - 29*	30 - 59	60 - 89	90 - 119		
Open-Ended	Yes						
	Group A	0	0	31	22		
S-Gs	(a)						
	(c) (e) (f)	(0)	(8.70)	(26.90)	(17.37)	53	
State-ment	No						
	Group B	0	11	3	0		
Part	Group A						
	S-G (b) (d)	(0)	(2.28)	(7.07)	(4.59)	14	
Total		0	11	34	22	67	

$$\chi^2 = \frac{(0 - 8.70)^2}{8.70} + \frac{(11 - 2.28)^2}{2.28} + \frac{(31 - 26.90)^2}{26.90} \dots$$

$$\dots + \frac{(0 - 4.59)^2}{4.59} = 50.82$$

$$df = (r - 1) (k - 1) = (4 - 1) (2 - 1) = 3$$

\*Summated Score Range

nonacceptance. Also noted was the absence of any scores which would have indicated total rejection of the patient.

In Chapter IV it has been pointed out that nurses are identified as members of a profession recognized for its acceptance and appreciation of persons as individuals. It has also been shown in the discussion of attitudes that although one has intelligence and education, plus awareness and understanding of a prejudice, its eradication is not assured. Generally speaking, as indicated by the literature reviewed, our society is prejudiced against the homosexual and this attitude has remained relatively unchanged for more than a hundred years. Given these psychological "truisms", it would be expected that some of the nurses experienced mental conflict when presented with the attitude questionnaire which, by virtue of its nature, necessitated the expression of an opinion toward a highly emotionally toned subject; a subject about which society has taught prejudgments of negative value. It is not incredible to imagine that the uncertainty indicated by 80.00 per cent of the total sample population, both the 68.75 per cent who indicated acceptance with reservations, and the 11.25 per cent who indicated nonacceptance, also with reservations, evidenced the presence of conflict in terms of ambivalence and perhaps some degree of anxiety. Neither would it be incompatible to say that such uncertainty and ambivalence expressed by a nurse respondent could be engendered by the inconsistency between the percepts of learned cultural patterns of social behavior, and the professionally perceived, as well as her own idealized expectations of herself as the accepting, nonjudgmental,

"good" psychiatric nurse. The high percentage of nurses falling into Category III, favorable (with reservations), and the low percentage falling into Category II, as well as the striking absence of a single score in Category I, would seem to point to an apparent willingness and desire of this group as a whole to be the accepting nurse their profession identifies them as being. An example of this logic may be seen in the following open-ended statement of a respondent whose total score was 75, the mean score of the sample population, and a part of the respondent group who qualified their acceptance. "As a psychiatric nurse, I could enter into a therapeutic relationship, but as a guarded one, and as a strict therapeutic one, geared to trying to help the patient." Yet, examination of this statement and the respondent's total scale score illustrates a salient point.

It was pointed out in the discussion of attitudes and also in the justification of the use of the Likert-type scale, that "opinions grade into attitudes". The distinguishing characteristic being that opinion is what one thinks or says he feels about any given psychological object, while attitude is confined to potential behavior toward that object. Concomitantly, opinion may be "shallow and fluctuation" and put forth for "effect". Attitudes, conversely, are more stable. Also relevant to the point is the accepted psychological fact that an attitude is difficult to change when formed in a social situation where sentiment runs high. It may also be stated that one may conceal their feelings momentarily; however, behavior in a series of interactions indicate true attitude.

The nurse in the example given above has indicated by the verbal

statement of her opinion that she would expect, as a psychiatric nurse, to be able to establish a therapeutic relationship with the patient who is labeled homosexual. In such a case she then indicates that her attitude would be that of acceptance; acceptance being basic to the relationship. Moreover, her ability to be nonjudgmental may be presumed, for it may be said that to be accepting of behavior which is deviant from our own personal values is to be nonjudgmental. This respondent may honestly believe that she could enter into a therapeutic relationship with this patient. However, the possibility exists for this nurse to respond differently than she said she would when the vis-a-vis situation was encountered in the milieu of the psychiatric hospital. Accordingly, the same possibility exists for the other respondents within this group, i.e., those respondents who qualified their acceptance or nonacceptance.

Perhaps some or many of these nurses are not aware of any feelings of prejudice or "conscious or unconscious" fears. Yet it would appear that either one or both could be present. Consider the following verbal answer to the open-ended statement by a respondent who achieved a total scale score of 48. "I could, and would try . . . because of my children I would like to see the patient helped." The existence of such feelings would have ramifications. Germane is the fact that when any nurse is faced with relating to another human being, and especially one whom society has taught her to prejudge by negative values, there exists the possibility for the "clash of feelings, beliefs, and ways of acting." For in this position, some nurses through fear of disapproval of self, from either an internal or external source, would conform to society's set pattern of behavior. In such a plight the ability to be nonjudgment-

tal, and consequently accepting, could not be achieved by some individuals, and only with great difficulty by others. Then there remains fear of their own latent tendencies, fear and perhaps denial. In view of the above discussion, it would be logical to add, that in addition to conflicts resulting from prejudice, fear, and ambivalence, many of these nurses may have experienced feelings of guilt as they "faced the horns of a dilemma."

The sixteen nurses (20.00 per cent) who scored 90 or above on the item scale fell into descriptive Category IV and were thus identified as having an accepting attitude toward the homosexual patient. Analysis of their open-ended statements revealed that these nurses had clearly stated verbally their ability to accept the patient. It is possible that these nurses have been placed in the situation of having worked with an individual patient or patients labeled homosexual. Since the changing of stereotyped thinking and negative attitudes is possible through positive learning experiences; perhaps it is thus for these nurses.

Not one psychiatric nurse indicated total rejection of the homosexual patient. Making this fact conceivable is the consideration that any one, many, or all of the aforementioned forces may have been brought into play. One other reflection is that as the respondents became aware of the purpose of the attitude questionnaire their responses may have been either consciously or unconsciously influenced.

Measures of central tendency. Measures of central tendency were included to provide a more adequate basis for interpretation of scores

from Part I, the Likert-type scale. The range of scores for the eighty respondents was found to be 37 to 111. A mean score of 75.0 was found to be the most representative of the group as a whole. The median was also 75.

These measures of central tendency would seem to indicate that as a group, these nurses tend toward acceptance of the homosexual patient. The mean score of 75.0 for this sample population places these nurses 15 points beyond the arbitrary "neutral" point of 60 on the 120 point Likert-type scale. It is interesting to note that the corresponding descriptive category is Category III, which identifies as accepting (with reservations), any respondent whose total scale score falls within the range of 60 to 89. Such an interpretation of the central tendency of this group must be made with caution. It was stated in Chapter IV that the summated scale is an ordinal scale and thus does not provide for a fixed "neutral" point. It provides only a means of classifying a score as favorable or unfavorable. The arbitrary "neutral" point of 60 was chosen to facilitate the description of the scores and to categorize the nurses as to their relative acceptance or nonacceptance of the homosexual patient. Therefore, although the group's mean of 75.0 seemingly placed this sample population on the favorable side of the 120 point ordinal scale, another reflection is that possibly 75.0 was the "neutral" point for this group of nurses.

The item analysis. Data from the statistical analysis of the items on the Likert-type scale shown in Table III, page 71, provided



evidence that of the thirty items in question, eighteen were quite satisfactory in their ability to discriminate between those nurses having a favorable or accepting attitude toward a homosexual patient, and those having an unfavorable attitude. In addition, four items were considered effective in their discriminatory ability even though they showed a Discriminatory Power of less than 1.00. In their present form, the remaining eight items with total group means of well over 3.00 were determined to be of doubtful value as effective items for measuring attitudinal differences within this group of nurses. Such results could have been expected, however, when these eight items were viewed critically in the light of the findings herein. In the first place, many of the items forced a respondent to an extreme position to agree or disagree. For example, Item 27 "Prison, not a hospital, is the place for the homosexual." The total group mean for this item was 3.85, reflecting almost unanimously disagreement with the item. Given the assumed knowledge of these respondents about the dynamics of homosexuality, and the extreme attitude represented by any form of agreement, the result was inevitable.

The open-ended statement. As shown in Table IV, page 74, the comparison of the responses to the open-ended statement and the descriptive categories of the Likert-type scale by the proposed method described in Chapter IV, re-enforced the findings and subsequent interpretation from the analysis of the summated scores of the respondent group. Representative examples of the open-ended statement may be found in Appendix E, identified by the descriptive Group or sub-group

by which the statements were subjectively classified. Table IV is self-explanatory, as a brief glance will show.

Inter-relationship of response on Part I and II. It was determined that a relationship did exist between Part I, the Likert-type scale, and Part II, the open-ended statement. The chi-square test of significance, the results of which may be viewed in Table V, page 76 provided statistical evidence for rejecting the null hypothesis and accepting its alternate instead. On the basis that the null hypothesis was rejected well within the proposed 0.5 per cent level of confidence, it may be stated that for the purpose of this investigation the measuring instrument was reliable. Accordingly, the stated third purpose of this study was achieved.

#### SUMMARY OF CHAPTER

Chapter V has presented a report of the investigation and an interpretation of the findings. The analysis of the data indicated that seventy-one of the eighty nurse respondents (88.75 per cent) indicated a favorable attitude toward the homosexual patient. Only nine nurses (11.25 per cent) indicated an unfavorable attitude. It was found however, that of the seventy-one nurses who indicated a favorable attitude toward the patient, fifty-five (68.75 per cent) qualified that acceptance, as did the 11.25 per cent indicating non-acceptance. Only sixteen nurses (20.00 per cent) of the sample population showed a favorable or accepting attitude without reservations.

The item analysis and evaluation of responses to the open-ended statement, Part I and Part II of the attitude questionnaire, respectively, were presented. In addition, the test and results for determining whether a relationship existed between the two parts of the questionnaire existed, have been included.

Let no one say I have said nothing new:  
the arrangement of the material is new.  
Pascal

## CHAPTER VI

### SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

#### I. SUMMARY

It was the purpose of this investigation (1) to determine what percentage of a group of eighty psychiatric nurses had a favorable or accepting attitude toward a homosexual patient; (2) to determine what percentage of the group studied had an unfavorable or nonaccepting attitude; and (3) to develop a tool that might be of value in the assessment of attitudes, and in planning educational programs for psychiatric nursing personnel and basic nursing students.

Review of the literature, in light of past and present attitudes toward homosexuality, were presented from the Christian-moral, legal, cultural, and medical viewpoints. Although some few authors expressed favorable opinions, the prevailing feeling tone alluded to was a negative one; and, having so remained for over a hundred years.

Inasmuch as this was apparently the first study of its kind to be done among psychiatric nurses, the normative-survey method was selected as most appropriate for the purpose. No hypotheses were formulated, and no generalizations were made.

To collect the data a two part attitude questionnaire was administered to eighty respondents functioning in three selected psychiatric hospitals in Colorado and Texas. Part I of the instrument was a thirty item Likert-type scale, and Part II was an open-

ended statement.

Analysis of the data revealed that seventy-one nurses (88.75 per cent) of the sample population indicated an attitude of acceptance toward the homosexual patient; and, conversely for only nine respondents (11.25 per cent). It was found, however, that identification of a respondent's total scale score by descriptive category, placed 80.00 per cent of the respondents in the position of acceptance with reservations.

Statistical analysis of the thirty item Likert-type scale showed that twenty-two of the statements were effective in their selective ability between those nurses evidencing favorable attitudes and those evidencing unfavorable attitudes toward the psychological object.

## II. CONCLUSIONS

From the presentation of literature available for review one can only infer that, generally speaking, the attitude of society toward the sexual deviant is a negative one.

This investigation was concerned with determining the attitude of psychiatric nurses toward the sexual deviant as a patient. Relevant to the study was consideration of the influence of society in the development of attitudes through the maturation process; and, that changing attitudes on the behavioral level is a difficult task. The nurse and her identification with a professional role was also considered.

In view of the aforementioned, and in reflection on the interesting findings herein, the following conclusions would seem consistent.

1. Conflict was evidenced by most of the eighty nurses involved in this study. And, perhaps these feelings of ambivalence and uncertainty, entertained with some degree of anxiety, are evoked when an individual faces the dilemma of meeting perceived professional role expectations, and such expectations are subtly felt to be in antithesis to those predominate in their society.

2. That for the purpose of this study, the measuring instrument may be considered valid, and thus achieving, even though limited, the third purpose of the investigation.

### III. RECOMMENDATIONS

It would seem that the findings resulting from this investigation, when viewed in light of the many tenets of an attitude, raise many questions. Were the true attitudes of the nurses expressed? Are psychiatric nurses different from other members of society? Does the psychiatric nurse in the course of her education experience a major change of attitude which thus enables her to accept the unacceptable person? Do the results of the study indicate a possible change of attitude toward sexual deviation in our society? Is society, generally speaking, accepting the homosexual—with reservations? After consideration of this investigation in its entirety, the following recommendations are made:

1. That this study be repeated using a larger sample population so that generalizations may be made.

2. That this study be made within other nursing specialties to determine whether similar results would be obtained.

3. That the attitudes of other psychiatric team members be investigated and compared to those of the psychiatric nurse.

4. That a similar study be done among lay people. Such a study would indicate any change in attitude toward the sexual deviant, and concomitantly reveal a lag in the literature in presenting such a change.

5. That the attitude questionnaire be used by those persons responsible for planning educational programs for psychiatric nursing personnel and basic nursing students as one device for the assessment of attitudes, and thus, as one means of planning learning experiences.

6. That those items showing a **Discriminatory Power** of less than 1.00 be re-phrased, that new statements be formulated, and that these be administered to appropriate subjects and subsequently eliminated by item analysis, as a step in improving the reliability of the measuring instrument herein developed.



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## APPENDIX A

### ATTITUDE QUESTIONNAIRE, PART I

## INSTRUCTIONS TO RESPONDENTS

The list of statements you will find below are presented as generalizations. They represent opinions rather than facts, and in as much as they are opinions they are neither right nor wrong. Please indicate your agreement or disagreement by checking your position on the statement as it first impresses you. Mark what you believe, rather than what you think you should believe.

- a. I agree with the statement.
- b. I am inclined to agree (with reservations).
- c. I cannot say (have no feeling one way or another).
- d. I am inclined to disagree (disagree with reservations).
- e. I disagree.

	a	b	c	d	e
1. Women who wear men's clothing and cut their hair like men are most likely homosexuals.					
2. Men who are small and effeminate in appearance and speak in a high pitched voice are probably homosexuals.					
3. Homosexuals could be different if they wanted to do so.					
4. To openly accept homosexuals into society is the only Christian thing to do.					
5. It is time people began to realize that the law has dealt much too harshly with homosexuals.					
6. It would be difficult for anyone to accept the homosexual because of his or her immorality.					
7. Any normal person has an aversion to homosexuals.					
8. Our criminal laws should be more stringent in dealing with homosexuals.					







## APPENDIX A

### The Open-Ended Statement Part II

## ATTITUDE QUESTIONNAIRE PART II

## THE OPEN-ENDED STATEMENT

Please answer in terms of your feelings, and not as you think you should feel.

As a psychiatric nurse giving care to a homosexual patient, I could (or I could not) enter into a therapeutic relationship with this person because:

## **APPENDIX B**

### **Sample Letter to Panel Members**

2000 Forest Park Blvd.  
Fort Worth 10, Texas  
June 10, 1963

Name  
Street Address  
City, State

Dear \_\_\_\_\_:

The purpose of this letter is to ask you to serve as an expert on a panel which will, because of the panel's authoritative position in their respective fields, give necessary validation to an attitude scale.

At this time I am engaged in writing a thesis, which is a partial requirement for a master of science degree in nursing from the University of Colorado. I have proposed to investigate the attitude of psychiatric nursing personnel toward the homosexual patient.

Inasmuch as this is apparently the first study dealing with the subject of homosexuality in the clinical setting, there are no attitude scores of a defined group available as a basis for the interpretation of scores. As an authority in your field, and because you are familiar with the subject of homosexuality, it is felt that your evaluation of the suggested items would add validity to the Likert-type scale which I am constructing.

Enclosed you will find the list of statements and instructions. Hopefully, the task is as mechanical as possible so that a minimum of time will be required for its completion. Also, you will find a stamped, self-addressed envelope for your convenience.

Please know that the gift of your time and knowledge will be very much appreciated.

Sincerely yours,

Encl.

(Mrs. ) Ann Lane

## APPENDIX C

### Instructions to Expert Judges



### INSTRUCTIONS TO EXPERT JUDGES

In accordance with the accompanying letter you will find forty-two statements which have been formulated from literature reviewed concerning homosexuality. In composing the statements an attempt has been made to include only nonfactual material, which, of necessity, would call for an opinion from the respondent.

Please indicate, using the legend below, the following:

1. If the statement is nonfactual and thus would call for an opinion, place a check mark in the column indicated.

Then

2. If the statement is favorable towards homosexuality and could not be interpreted in more than one way, place a + in the column headed favorable or unfavorable.

3. If the statement is unfavorable towards homosexuality and could not be interpreted in more than one way, place a - in the same column.

4. If the statement is irrelevant to the subject of homosexuality, place a 0 in the favorable or unfavorable column.

### LEGEND

+ statement would elicit a positive response

- statement would elicit a negative response

0 irrelevant

## APPENDIX D

### A Sample Letter

#### Permission to Conduct Study

2000 Forest Park Blvd.  
Fort Worth 10, Texas  
July 8, 1963

Name  
Street Address  
City, State

Dear \_\_\_\_\_:

The purpose of this letter is to seek your permission to conduct the following study in your institution: An Investigation of the Attitude of Psychiatric Nurses Toward the Homosexual Patient.

This study is being done as a partial requirement for graduation from the University of Colorado with a master of science degree in nursing.

You might be interested in knowing that this will apparently be the first study dealing with the subject of homosexuality among this group of subjects. Perhaps you would find the results of some interest, and if you would like, I shall be happy to furnish you with a full report of the findings.

In order to avoid the collection of data that might present a unique situation, I have also selected for study a private hospital, and a hospital functioning under the policies of the United States Government.

The sample population will consist of registered nurses. The questionnaire is of a mechanical nature and should require approximately thirty minutes to complete. Anonymity is assured to the study group and to the hospitals involved.

I shall be in \_\_\_\_\_ the week of \_\_\_\_\_, and if this proposal meets with your approval, and a convenient time can be arranged, I would like to collect data in your institution during this week. I shall be looking forward to hearing from you. Enclosed is a stamped, self-addressed envelope for your convenience.

Cordially,

(Mrs.) Ann Lane

cc: \_\_\_\_\_  
Assistant Director  
Nursing Service

## APPENDIX E

### Examples of Open-Ended Statements

## EXAMPLES OF OPEN-ENDED STATEMENTS

## GROUP A

## Sub-group (a) acceptance

"I could . . . because I do not view this condition or problem any differently than any other condition or problem a psychiatric nurse has to deal with. In other words, I could deal objectively with it.

"I believe after years in psychiatric nursing I have now somewhat of an understanding of my own level of homosexuality, and am not frightened away by this person . . . but rather encouraged to help he or she with their problems."

## Sub-group (b) nonacceptance

"I could . . . because it is not only my duty, but a moral obligation to help others help themselves."

## Sub-group (c) qualified

"In some instances I could, but it would be difficult to maintain a totally objective position. I believe (perhaps erroneously) that I would be therapeutic despite my lack of complete objectivity. I would have to fight over involvement (1) to attempt to overcome bias in others and (2) the fact that in some instances I might be drawn by the personality to a friendship position. I would have to fight the threat to myself on the basis of my own latent tendencies - this would cause some stress and ambivalence, identification, etc., plus the fear that this might be taken by the patient to be rejection instead of fear of my own feelings. I have encountered all of these things in my experience and do not feel I am qualified to say if my role has been therapeutic - I like to think that in most instances I can be therapeutic despite the feelings encountered. In other words, I feel the relationship may be more helpful to the patient while being more destructive to myself."

Sub-group (d) ambivalent

"I have reservations about my ability to have a therapeutic relationship with these people because I have a variety of feelings . . . those of revulsion, pity, and unable to understand fully why they are what they are and why.

Sub-group (e) self uncommitted

"The individual needs help."

"These patients need help."

Sub-group (f) unclassifiable

"Because its their contacts and experiences in growing up that makes them "afraid" of the opposite sex and normal relationships . . . its not my social or permanent or only relationship. We believe we understand our own emotions and reactions . . . to accept the patient as someone in need of a close relationship as any other emotionally ill . . ."

GROUP B

Frank "no" answers

"No."

"I could not because of my own religious convictions. This would be an obnoxious situation."

GROUP C

Did not follow instructions

"I view this as an emotional illness."

GROUP D

Did not answer

APPENDIX F

TABLE IV



TABLE VI  
TOTAL SUMMATED SCORES OF THE  
80 RESPONDENTS ON PART I - THE LIKERT-TYPE SCALE

37	65	76	88
41	66	77	88
48	66	78	89
50	66	78	89
53	67	79	91
54	67	80	92
56	68	80	92
58	68	81	92
59	68	84	93
60	69	84	94
60	70	84	94
61	71	85	94
61	71	85	95
62	72	85	96
63	74	86	97
63	74	86	97
64	75	87	101
64	75	87	101
64	75	88	105
64	75	88	111